

NCCF KICKIN' IT FOR CARTWHEEL REGISTRATION FORM

PLEASE PRINT CLEARLY



Each teammate will need to submit ONE (1) entry form. PHOTO COPIES ARE ACCEPTABLE.

FIRST NAME

LAST NAME

STREET ADDRESS

Date of Birth

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CITY

STATE

ZIP

AREA CODE

PHONE

EMAIL

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GENDER

WHAT IS YOUR TEAM NAME? (Your Team Name is who you will be registered under when you check-in)

M	F	
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KICKBALL GAME PARTICIPANT AGREEMENT

I understand that my participation in a kickball game could potentially be hazardous and I should not participate unless I am medically able to do so. I agree to abide by any decisions of a kickball game official relative to my ability to safely participate. I assume all risk associated with participating in this kickball tournament event including, but not limited to falls, contact with other participants, the effects of the weather, and the conditions of the park and field with all such risk being known and appreciated by me. Having read this waiver and knowing these facts and conditions of you accepting my entry I, for myself, and anyone entitled to act on my behalf waive and release the Nevada Childhood Cancer Foundation, The City of Henderson, The County of Clark, their partners and sponsors, representatives, and successors from all claims of liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use my photography, video, recordings, or any other record of this event for legitimate purpose. There are no refunds and event will not be rescheduled due to weather conditions.

Signature of Applicant

Date

If participant is a **minor** between the ages of 15 and 17 years:

Signature of Parent/Legal Guardian

Date