

Division

Team Color

Last Name

First Initial

Age

2012 UHO KICKBALL PLAYER APPLICATION

PLEASE NOTE: For the 2012 season, unless otherwise specified, all players in the Juniors, Seniors, and Teenagers divisions will be placed in the Draft, per decision of the UHO Kickball Board of Directors.



1 BASIC PLAYER INFORMATION

Last Name: _____ First Name: _____
 Address: _____
 City: _____ Zip: _____
 DOB: _____ Player age as of 8/31: _____
 Home Phone: _____ Cellphone: _____
 Email: _____

Player Shirt Size: Child S M L
 Adult S M L XL XXL

Fan Shirt Size: Child S M L
 (\$10 / shirt) Adult S M L XL 2X
 Indicate Quantity 3X 4X

REGULAR REGISTRATION PRICES

\$35 FOR PEE-WEES
 \$75 FOR ROOKIES
 \$90 FOR JUNIORS,
 SENIORS, AND
 TEENAGERS.

\$10 Early Bird Discount
 available through
 February 4th, 2012.

2 PARENT/GUARDIAN INFORMATION

Father/Guardian: _____
 Primary Phone: _____ Alternate Phone: _____
 Email: _____

Mother/Guardian: _____
 Primary Phone: _____ Alternate Phone: _____
 Email: _____

Player lives with: Father Mother Both Other _____
 School: _____

3 SIBLING INFORMATION

Sibling(s): _____ Division: _____
 _____ Division: _____
 _____ Division: _____

Paid on: _____ Receipt# _____ Recv'd By: _____
 Payment Amt: _____ Date: _____ Time: _____
 Player ID: _____

EVERY ITEM BELOW **MUST** BE INITIALED BY THE PLAYER'S PARENT OR LEGAL GUARDIAN, AND SIGNED AT THE BOTTOM. IF AGE 18, THE PLAYER MAY INITIAL AND SIGN FOR THEMSELVES.



University Hills Optimist
Little Miss Kickball
P.O. Box 15031
Austin, TX 78761
(512) 453-6852

<http://www.uhokickball.org/>
uho@uhokickball.org

Pete Vallejo
UHO Kickball President
(512) 903-2863

Karrie Mannella
UHO League Rep
(512) 468-5746

_____ Having been informed of the UHO Kickball program to provide supervised games for my child, I/we, the parents (s) or guardian(s) of the above participant, do hereby give permission for her to participate in any and all of the activities scheduled or programmed for the current kickball season.

_____ I/we do assume responsibility for all risks and/or hazards incidental to the conduct of the organized kickball program, transportation to and from games and practices. I do further release, absolve, indemnify and hold harmless the UHO Club, organizers, sponsors, UHO Kickball Board of Directors, coaches, umpires and supervisors appointed by the Board and/or all of the above. I understand that the UHO Club maintains limited medical and liability insurance to cover the participants, and in the case of injury to my child, I hereby waive all claims against the UHO Club, sponsors, organizers, Little Miss Kickball International, Inc., UHO Kickball Board of Directors, coaches, umpires, and supervisors appointed by the Board, to include any person transporting my child to and from any kickball activity.

_____ My child is physically fit and has no medical condition(s) that would prohibit her from playing kickball. **I understand that if any condition should occur after the season starts, I must notify the President or Vice-President of the Kickball Program immediately.**

_____ I understand that if my child enters the draft, **she will not and cannot be guaranteed a position on a particular team** unless entered as an Official COACHES' OPTION. She will be drafted according to the LMKII Corporation and UHO Kickball League Rules. **There will be no exceptions!**

_____ I understand that the Player's Fee includes a team uniform shirt and a team picture. Playing shorts, socks, and athletic shoes (any color) must be furnished by the player. I acknowledge that my child will not be allowed to play in the game without wearing the current team uniform. I also acknowledge that in tournament play the player must purchase a visor/hat to play in the tournament.

_____ I hereby **give** my permission to use photos of my child on the UHO Kickball website.

Signature

Date

If you have a special request concerning the player referenced in this application of which the UHO Kickball Board of Directors should be aware, feel free to write it here.