

# Each 1 Teach 1, Inc 1st Annual Adult Kickball Fundraiser 2021

Frederick, MD 21701

www.each1teach1fredco.org

Phone: (240) 291-2015

## Each 1 Teach 1, Inc. Adult Kickball Registration Form

EVENT: Adult (18+), COED Kickball Game.

\*\*Each team must have a minimum of 8 players, Maximum 10 players.

\*\*Each team must include at least 2 female players at all times.

**INITIAL SCRIMMAGE DAY:** Saturday April 17th, 2021 at 9am.

**GAME DAY:** Saturday April 24th, 2021; Games start promptly at 9am.

**WHERE:** TBA

**\*\*1 CONTACT MUST BE LISTED AS A TEAM CAPTAIN\*\***  
(PLEASE COMPLETE ALL INFORMATION NEEDED BELOW)

Participant Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

T Shirt Size: \_\_\_\_\_

### PLEASE NOTE:

All Teams will play by standard Kickball rules and the rules set forth by the Coordinators, as well as standard COVID-19 protocols.

All players must be at least 18 years of age on or before April 16, 2021 to be eligible to play.

Registration Fee - \$20 per person

Cash, CashApp, or Check (Check should be made payable to the Each 1 Teach 1, Inc.)

All completed registration forms must be submitted via email to [Danica@each1teach1fredco.org](mailto:Danica@each1teach1fredco.org)

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### \*\*\*For Office Use Only\*\*\*

Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Form of Payment: Cash or Check Receipt / Check # \_\_\_\_\_

Received By: \_\_\_\_\_

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## ADULT KICKBALL OFFICIAL TEAM ROSTER/LIABILITY WAIVER

**Release of Liability** – All players must READ & SIGN before they will be eligible to play. Players must be 18 years of age by April 1 of the current year.

**\*\*\*TEAM ROSTER MUST BE TURNED IN BY THE END OF THE INITIAL SCRIMMAGE\*\*\***

I hereby release Danica Warden & Each 1 Teach 1, Inc., from responsibility for injuries, physical or otherwise, including but not limited to COVID-19 incurred during program activities and I agree to indemnify, defend and hold harmless Danica Warden & Each 1 Teach 1, Inc., it's officers, agents, employees and sanctioning bodies from any and all claims or causes of action arising there from,. I understand that participation in sports can cause injury and that injuries are a natural part of the game. I assume all risks and hazards incidental to the conduct of activities and transportation to and from the activities. In the event of a medical emergency, I hereby give permission to medical personnel to provide necessary medical treatment.

**PLAYER NAME:** \_\_\_\_\_

**TEAM NAME:** \_\_\_\_\_

**TEAM CAPTAIN NAME:** \_\_\_\_\_

**TEAM COLOR:** \_\_\_\_\_

| Name (please print) | Signature | Address | Phone # |
|---------------------|-----------|---------|---------|
| 1.                  |           |         |         |
| 2.                  |           |         |         |
| 3.                  |           |         |         |
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| 10.                 |           |         |         |