

# REGISTRATION FORM

DUE SEPTEMBER 17TH to Home Plate - STARTS SEPTEMBER 21st  
611 Hwy 74 South, Suite 800, Peachtree City, GA 30269

Date \_\_\_\_\_ KICKBALL Team Name \_\_\_\_\_

Team Captain \_\_\_\_\_ Player Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_ School \_\_\_\_\_

Individual Amount Paid \_\_\_\_\_ (\$25) Team Amount Paid \_\_\_\_\_ (\$300) HP Staff Initials \_\_\_\_\_

Captain - please remit payment for entire team

PLAYER NAME

PLAYER'S SIGNATURE

1)TEAM CAPTAIN \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

8) \_\_\_\_\_

9) \_\_\_\_\_

10) \_\_\_\_\_

11) \_\_\_\_\_

12) \_\_\_\_\_

13) \_\_\_\_\_

14) \_\_\_\_\_

STANDARD KICKBALL RULES APPLY. RULES MAY BE FOUND ON OUR HOME PLATE WEBSITE  
WWW.HOMEPLATE1.COM QUESTIONS CONTACT JP WEAVER 770-487-1087

I hereby authorize any medical treatment, which may be advised or recommended by the Home Plate trainers or attending physician while participating at a Home Plate activity. I understand that an injury may result from participation in camp, practice or game related activities. I hereby release Home Plate Baseball LLC, the coaching staff and trainers from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child while participating in activities, or while it, or, or upon the premises where the activity is being conducted. As the parent or guardian of the above listed athlete, I also give permission for any emergency medical care that may be required, including transportation and I accept responsibility for the costs.

Player signature \_\_\_\_\_ Parent Signature \_\_\_\_\_