



KILLEEN PARKS & RECREATION REGISTRATION FORM

FAMILY RECREATION CENTER
 1700-A STAN SCHLUETER LOOP
 KILLEEN, TX 76542
 PHONE: 254-501-6390 | FAX: 254-501-6388
 OFFICE HOURS: MON-FRI 5AM – 10PM | SAT 7AM – 8PM | SUN 12PM – 6PM

PLEASE SELECT SPORT/LEAGUE:

SOFTBALL:
 MEN'S OPEN
 CO-ED OPEN
 CO-ED RECREATIONAL
 WOMEN'S OPEN
 45 & OVER OPEN

BASKETBALL:
 MEN'S OPEN
 MEN'S 35 & OVER
 WOMEN'S OPEN

FLAG FOOTBALL:
 CO-ED

VOLLEYBALL:
 WOMEN'S
 CO-ED

COACH'S INFORMATION *(PLEASE PRINT)*

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>MI</i>
<i>STREET ADDRESS</i>	<i>CITY</i>	<i>ZIP CODE</i>
<i>HOME PHONE</i>	<i>CELL PHONE</i>	<i>WORK PHONE</i>
<i>E-MAIL ADDRESS</i>		

TEAM INFORMATION *(PLEASE PRINT)*

<i>TEAM NAME</i>	<input type="checkbox"/> TEAM HAS PARTICIPATED IN KPR LEAGUES.
<i>COMMENTS:</i>	<input type="checkbox"/> TEAM HAS NOT PARTICIPATED IN KPR LEAGUES.

*HAVING BEEN INFORMED OF THE ORGANIZATION OF THE CITY OF KILLEEN - KILLEEN PARKS & RECREATION TO PROVIDE SUPERVISED (ACTIVITY) GAMES FOR ADULTS, WE THE AFORE NAMED TEAM, DO HEREBY GIVE OUR APPROVAL OF PARTICIPATION IN ANY AND ALL OF THE ACTIVITIES DURING THE CURRENT SEASON. WE DO ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND WE DO HEREBY **RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS** THE CITY OF KILLEEN – KILLEEN PARKS AND RECREATION, THE ORGANIZERS, SPONSORS AND SUPERVISORS AND/OR ALL OF THEM. IN CASE OF INJURY TO OUR PLAYERS, WE HEREBY WAIVE ALL CLAIMS AGAINST THE ORGANIZERS, THE SPONSORS, OR ANY OF THE SUPERVISORS APPOINTED BY THEM. IN ADDITION, I WILL ABIDE BY THE RULES STATED IN THE LEAGUE BY-LAWS OF THE KILLEEN PARKS AND RECREATION DEPARTMENT.*

 COACH'S SIGNATURE _____
DATE

OFFICE USE ONLY

TEAM NAME: _____ LEAGUE: _____ DATE RECEIVED: _____

METHOD OF PAYMENT: _____ RECEIPT #: _____ KPR INITIAL: _____

KILLEEN PARKS & RECREATION

PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I, THE UNDERSIGNED COACH, ON BEHALF OF THE TEAM, ACKNOWLEDGE, AGREE AND UNDERSTAND THAT:

- VOLUNTARILY AND OF OUR OWN FREE WILL, WE ELECT TO PARTICIPATE AS MEMBERS OF THE TEAM AND LEAGUE INDICATED BELOW.*
- WE UNDERSTAND THAT THERE ARE CERTAIN RISKS AND HAZARDS INVOLVED IN PARTICIPATING IN THE LEAGUE THAT MAY RESULT IN INJURY OR DEATH TO ANY OF THE PLAYERS, INCLUDING, BUT NOT LIMITED TO THOSE HAZARDS ASSOCIATED WITH PLAYING CONDITIONS, EQUIPMENT AND OTHER PARTICIPANTS.*
- WE UNDERSTAND THAT THE VERY NATURE OF THIS SPORT IS HAZARDOUS AND RISKY, INCLUDING, BUT NOT LIMITED TO, THE ACTS OF RUNNING,, JUMPING, STRETCHING, DIVING, AND COLLISIONS, WITH OTHER PLAYERS AND WITH STATIONARY OBJECTS, ALL OF WHICH CAN CAUSE SERIOUS INJURY OR DEATH TO ME AND TO OTHER PLAYERS.*
- FURTHER, I THE UNDERSIGNED COACH, AGREE THAT IN CONSIDERATION FOR THE RIGHT TO PLAY AS A MEMBER OF THE TEAM DESIGNATED BELOW AND IN CONSIDERATION FOR PERMISSION TO PLAY ON THE COURT/FIELD ARRANGED FOR BY THE TEAM OR LEAGUE:*
 - WE VOLUNTARILY ELECT TO ACCEPT AND ASSUME ALL RISKS OF INJURY INCURRED OR SUFFERED BY OURSELVES (A) WHILE PRACTICING PLAYING AS A MEMBER OF THE TEAM SO DESIGNATED, (B) WHILE SERVING IN A NON-PLAYING CAPACITY AS A TEAM MEMBER DURING PRACTICE OR PLAY BY OTHER TEAMS OR BY OTHER PLAYERS ON THE TEAM, AND (C) WHILE ON OR UPON THE PREMISES OF ANY AND ALL OF THE COURTS/FIELDS ARRANGED FOR BY MY TEAM OR LEAGUE FOR PRACTICE OR PLAY.*
 - WE RELEASE, DISCHARGE AND AGREE NOT TO SUE THE TEAM AND LEAGUE DESIGNATED BELOW, THE COURT/FIELD OWNER OR OTHER ENTITY DESIGNATED BELOW, OR THEIR OWNERS, OFFICERS, AGENTS, SERVANTS, ASSOCIATIONS, EMPLOYEES, OR ANY PERSON OR ENTITY CONNECTED WITH THE TEAM, LEAGUE, COURT/FIELD OR FOR ANY CLAIM, DAMAGES, COSTS OR CAUSE OF ACTION WHICH WE HAVE OR MAY IN THE FUTURE HAVE AS A RESULT OF INJURIES OR DAMAGES SUSTAINED OR INCURRED BY OURSELVES FROM WHATEVER CAUSE INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE, BREACH OF CONTRACT OR WRONGFUL CONDUCT OF THE PARTIES HEREBY RELEASED.*

NAME OF TEAM _____

HEAD COACH _____

LEAGUE COORDINATOR — KILLEEN PARKS AND RECREATION

FACILITY — KAC,LCP,KCC,KISD

