

**Blastball**  
**Registration Deadline: Friday, May 11th**

PLAYER NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE ON JUNE 1, 2012 \_\_\_\_\_

PARENTS/CONTACTS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Would you like to join our Online Newsletter Group? YES NO Already a Member

**SHIRT SIZE:** Youth Sm \_\_\_\_\_ Youth Md \_\_\_\_\_

**Parents, due to participation numbers, special requests can no longer be honored. Late sign-ups will be placed on teams at the discretion of the Recreation Commission if space is available for extra players.**

**Exception:**

**Does participant have a sibling within the same league who needs to be on the same team? \_**

---

**Coaches: Volunteer Coaches are always needed. Please fill out the following if you are willing to coach.**

Name \_\_\_\_\_ Phone(H) \_\_\_\_\_

Phone(W) \_\_\_\_\_ Email \_\_\_\_\_

**PARENT/GUARDIAN:** I hereby state that I am fully aware of the above-described activity and that above said player has no physical, mental, or emotional conditions that would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission, its employees, volunteers, or agents from any claim that the said player might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. I also state that if I am not present and an emergency arises I authorize medical attention to be administered. Please notify the Tonganoxie Recreation Commission if special accommodations may be needed for the above said player to participate in the above-described activity.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_