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P.O. Box 360101 Decatur, GA, 30036

Phone: 678-698-8405

Fax: 877-949-7092

E-Mail: offdachaindivaskickball@gmail.com

Web: offdachaindivas.com

WELCOME-No kickball experience required!! Training Available!

To be eligible to play in OffDaChain Men Kickball League, the player must be 18 years of age or older. Each player must submit a **completed and signed registration**, and **$100.00** league participation fee for the season. A NONREFUNDABLE REGISTRATION FEE OF **$50.00** is required at time of registration, leaving a balance of **$50.00 per person** which must be paid 90 days to the start of the season.

Please note that payment plans are available for the league participation fee, but all monies must be paid in full prior to the start of the season. **All fees are non-refundable, do to we offer a lot to the league throughout season. All fees paid on pay pal or square is extra charge.**

The League Participation Fee includes:

* T-Shirt with Team Name, Player’s Name on back and Number
* Field Rental
* League Official Certificate
* Administration
* Certified Referee
* Training on how to play kickball
* End of the year Banquet is extra (for food an venue)

OFFDACHAIN MEN KICKBALL LEAGUE OFFERS THE OPPORTUNITY TO FORM A TEAM OF

THEIR OWN, WITH THE NAME OF YOUR CHOICE OR JOIN A TEAM ALREADY FORMED.

Team registrations will be accepted until the registration deadline or until the league is full, whichever comes first!

UNIFORM ORDERS WILL BE PLACED IN 30 days before season starts. TO BE SAFE ORDER 1 SIZE UP.

Games will run Sat or Sun 12pm-9pm (hourly games) MAKE UP GAMES MON-SUN PLEASE PLAN!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **First Name** | **M.I.** | **Last Name** | | | |
| **Street Address** | | | | **Apartment/Unit #** | |
| **City** | **State** | | **ZIP** | | |
| **Phone Number: ( )** | | | **DOB AGE** | | |
| **Are you ok with receiving text messages about the League or other Team Info?** | | | | | **YES / NO** |

**Email:**

|  |  |  |
| --- | --- | --- |
| **Are you on Facebook?** | **YES / NO** | **Username:** |
| **Are you on Twitter?** | **YES / NO** | **Username:** |
| **Are you on Instagram?** | **YES / NO** | **Username:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMERGENCY CONTACTS (Please list 2)** | | | | |
| **Name** | | **Relationship** | | |
| **Address Phone Num: ( )** | | | | |
| **City** | **State** | | **ZIP** | |
| **Name** | | **Relationship** | | |
| **Address** | | | | **Phone Number ( )** |
| **City** | **State** | | **ZIP** | |

## TERMS OF ACCEPTANCE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree that 18 years old or above, participating in this program or event. I agree that falsification of any information on this information/registration form may disqualify me or my team member from this program or event.

In consideration of the acceptance of my information/registration form for this program or event, I hereby release OffDaChain Men Kickball League and any place where events or programs take place and their agents, employees, officers, referees and servants from any and all damages and injuries, which may occur while I participate in this program or event.

I further certify that I have legal authority to execute this release on behalf of myself. I also agree that I have received and read this information/registration form completely.

I understand that the OffDaChain Men Kickball League and “**Recreation Park**” where events or programs take place and their agents, employees, officers, referees and servants /event staffs have the authority to remove participants from the program/event without refund. “**Recreation**

**Park**” represent any and all parks, community centers and facilities in which OffDaChain Men Kickball League chooses to use during games or events.

☐ **I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.**

**OffDaChain Men**  **Kickball League** **PLEDGE:**

* I will “Honor the Game.” I will show respect for all involved with the game including coaches, players, opponents, opposing fans, field crew, and officials. NO FIGHTING!!!
* I will place the emotional and physical well-being of others and myself ahead of a personal desire to win.
* I will not drink alcohol at games or come to one having had too much to drink.
* I will not confront officials, players, coaches, volunteers or administrators before, during or after the game, either on the field or in the immediate vicinity (such as the parking lot).
* I will support players, coaches, volunteers and officials in order to encourage a positive and enjoyable environment and experience.
* I will ensure my family and friends who come to watch me play are aware of the rules and

policies.

☐**I Will** (*please check box to acknowledge the Kickball League Pledge*)

## NO TOLERANCE POLICY

I understand that the OffDaChain Men Kickball League has a No Tolerance Policy. I will abide by all Rules including but not limited to those listed below:

## Park Softball/Kickball Field Rules

* No Smoking and No Pets inside the prohibited areas especially dugout.
* No glass containers allowed at any time.
* Parking in designated areas only and 10mph speed limit.
* Only Team and Coaches is allowed in dugout.
* Absolutely NO Fighting or Disrespect to any team member (ANYONE WHO FIGHTS WILL BE SUSPENDED & JAIL!!!
* Treat the officials, opposing players, coaches and family members with respect or you will be asked to leave the park and subject to League expulsion.
* HAVE FUN! It's why we're here!!
* Promotion of another league, business or entity is NOT ALLOWED at any O.D.C functions without written permission, if so you and team will be asked to leave the League (lets respect the game)

### ☐**I Understand** *(please check box to acknowledge the No Tolerance Policy)*

I understand that any violation of the rules of OffDaChain Men Kickball League, referees, and owners and facilitators of the Park and kickball fields, will mean an immediate removal from the field and the league and I will no longer be able to play for the season.

THE UNDERSIGNED HAS READ THE FOREGOING TERMS OF ACCEPTANCE, PLEDGE AND NO TOLERANCE POLICY AND FULLY UNDERSTANDS THEM.

Agreed and accepted by:

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

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

## MEDIA RELEASE FORM

I hereby grant the **OffDaChain Men Kickball League** / **OffDaChain Entertainment** permission

To use my likeness in a photograph and/or video in any and all of its publications, including website entries and TV & Reality Shows, without payment or any other consideration.

I understand and agree that these materials will become the property of the **OffDaChain Men Kickball League** / **OffDaChain Entertainment** and will not be returned.

I hereby irrevocably authorize the **OffDaChain Men Kickball League** / **OffDaChain**

**Entertainment** to edit, alter, copy, exhibit, publish or distribute any photos or video for purposes of publicizing the **OffDaChain Men Kickball League** / **OffDaChain Entertainment’s**

Programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the **OffDaChain Men Kickball League** / **OffDaChain Entertainment** from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am at least, 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release, my parent has also read contract and will sign as well.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

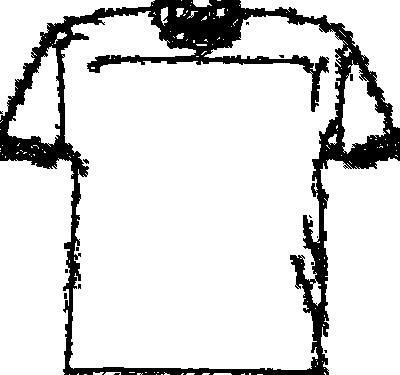
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## TEAM JERSEY FORM (please make sure you have correct spelling of name and size) (Please be aware you can’t cut up jersey nor let anyone wear jersey who hasn’t register under O.D.C if so you will be SUSPENDED from Team & Fine $300 this is a LIBILITY)

Real Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt Size (Circle One): **S M L XL XXL**

Team Name: ( if you have a team already)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Your Nickname**

**Your**

**Number**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **MEDICAL CONSENT AUTHORIZATION** | | | | | | | |
|  | | | | | | | |
|  | | First Name | | | | | MI |
| DOB AGE | Sex | | | Weight | | Blood Type | |
| Address | | | | | | | |
| Primary Physician | | | | | Physician Phone | | |
| Insurance Provider | | | Policy Number | | | | |
| Hospital Preference | | | | | | | |
| **ALLERGIES**   **NONE**  **UNKNOWN**  Medical Allergies:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **CHRONIC/CURRENT ILLNESSES**   **NONE**  **UNKNOWN**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **CURRENT MEDICATIONS**   **NONE**  **UNKNOWN**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |

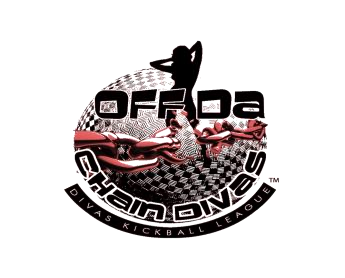
In the event of an injury, accident, illness or other emergency, and if the above stated physician cannot be reached, I authorize that I can be treated by certified emergency personnel doctors and nurses I agree to accept financial responsibility for the costs related to this medical treatment. I release Offdachain Men Kickball League and Tamicka Johnson from all medical fees, I will be responsible for all my medical fees during games, boot camp, practice, or scrimmage.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Signed



## PRE-REGISTRATION PAYMENT WAIVER

### **Reminder:** Each player must submit a **completed and signed registration**, a good copy of their

**ID** and **$100.00** league participation fee for the season. All FEES ARE NON-REFUNDABLE REGISTRATION FEE OF **$50.00** is required at time of registration, leaving a balance of **50.00 per person**.

I hereby understand that by paying a $50.00 pre-registration deposit fee that I am responsible for paying the remaining balance in full by 3months before game day. If I fail to pay my remaining balance all fees are NONREFUNDABLE. Once T-shirts have arrival you have up to 30 days to claim

it.

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| Signature | Date |