



COED KICKBALL – TOWN OF DANVILLE OFFICIAL TEAM ROSTER AND CONTRACT

RECREATION SERVICES



For Office Use Only

Resident Non-Resident

Date/Time Received: _____

League Fee: _____

Lottery #: _____

Select the season: Spring Summer Fall Winter

Select your preferred league night: Wednesday

Team Name: _____

MANAGER INFORMATION

Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Payment Method (check appropriate box):

Check (payable to: **Town of Danville**) MasterCard Visa American Express Discover

Credit Card Safety Information: Do **NOT** Fax or Email credit card numbers – leave number blank and call the office at (925) 314-3400 to provide credit card numbers – do **NOT** leave credit card information on voice mail.

Print Cardholder Name: _____

Authorized Cardholder Signature: _____ Date: _____

Credit Card Number: _____

Expires: _____ CVC: _____

Team Name: _____

Waiver of Liability: I, the undersigned do hereby waive, release, and discharge all claims for damages, death, personal injury, property damage which I may have or which may hereafter accrue to me as a result of participation in said activity. I understand that accidents can occur during the said activity. Knowing the risks of the said activity, I hereby agree to assume those risks. This release is intended to discharge and hold harmless the Town of Danville, its officers and employees from liability. This waiver and assumption of risk is to be binding on my heirs and assigns. I further understand that photographs and/or video may be taken of me during the course of the said activity and that these photographs and/or video may be used on the Town of Danville publications. I have read and understand this release.

***** Please note that the maximum # of players we will accept is 15. *****

1. Print Name	Signature		Home Phone
Address	City/Zip	Birth Date	Work Phone
2. Print Name	Signature		Home Phone
Address	City/Zip	Birth Date	Work Phone
3. Print Name	Signature		Home Phone
Address	City/Zip	Birth Date	Work Phone
4. Print Name	Signature		Home Phone
Address	City/Zip	Birth Date	Work Phone
5. Print Name	Signature		Home Phone
Address	City/Zip	Birth Date	Work Phone
6. Print Name	Signature		Home Phone
Address	City/Zip	Birth Date	Work Phone
7. Print Name	Signature		Home Phone
Address	City/Zip	Birth Date	Work Phone
8. Print Name	Signature		Home Phone
Address	City/Zip	Birth Date	Work Phone
9. Print Name	Signature		Home Phone
Address	City/Zip	Birth Date	Work Phone

Team Name: _____

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10. Print Name	Signature		Home Phone
Address	City/Zip	Birth Date	Work Phone
11. Print Name	Signature		Home Phone
Address	City/Zip	Birth Date	Work Phone
12. Print Name	Signature		Home Phone
Address	City/Zip	Birth Date	Work Phone
13. Print Name	Signature		Home Phone
Address	City/Zip	Birth Date	Work Phone
14. Print Name	Signature		Home Phone
Address	City/Zip	Birth Date	Work Phone
15. Print Name	Signature		Home Phone
Address	City/Zip	Birth Date	Work Phone