

FALL 2023 FLORAL PARK WOMEN'S KICKBALL

Team Name: _____ Team Color: _____

Team Captain: _____ Team Co-Captain: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Signature: _____ Signature: _____

- MAX: 20 PLAYERS MIN: 12 PLAYERS AGE: 21 AND UP
- MUST RESIDE IN THE INC. VILLAGE OF FLORAL PARK AND HAVE A IVFP RESIDENT LEISURE PASS
- TEAMS WEAR A MATCHING TEAM COLOR OR UNIFORM. NO DUPLICATE COLORS.

PLAYER NAME ADDRESS PHONE NUMBER SIGNATURE

PLEASE PRINT CLEARLY – SIGNATURE OF EACH INDIVIDUAL REQUIRED VFP LEISURE PASS REQUIRED

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____
- 16) _____
- 17) _____
- 18) _____
- 19) _____
- 20) _____

I understand, as the captain, patron, player, individually, or acting on behalf of enrolled in full that I shall be liable for any property damage and/or personal injury (caused by a member, guest or any other persons) at the V.F.P. Recreation Complex for the program applied for, during any activity, function, arranged or sponsored event. It is my obligation to pay for any costs involved upon presentation of a statement thereof. I understand there will be no refunds given. Any falsification in the application information can result in the cancellation of enrollment in the program without refund. I understand that we assume responsibility for our own health, and that I am healthy enough to participate in any and all activities associated with the Recreation Center. Participation in any and all activities, functions, arranged or sponsored event shall be at such person's own risk. I agree the Inc. Village of Floral Park, the Floral Park Pool, the V.F.P. Recreation Center, employees, and residents shall not be liable for any injuries or damages, including those caused by bacteria or virus, to such persons, or the property of such persons, or be the subject of any claim, demand, injury, actions or causes of action or damages, and I hereby waive, release, absolve, indemnify, and agree to hold them harmless from any claim. I also acknowledge reading and agree to the policies and rules of the V.F.P / Recreation as the prerequisite to my participation in any programs. I agree that any photos taken of participants and their guests may be used at the discretion of the V.F.P. Recreation Department or the Incorporated Village of Floral Park, the Village of Floral Park reserves the right to add or to modify the regulations when necessary.

Employee _____ Date: _____ Paid: _____ Receipt#: _____