

League Use Only
Div _____
Team _____



Northwest Austin Kickball League 2009 Season Registration Form

www.nwakickball.com



PLEASE PRINT AND USE PEN ___ NEW ADDRESS ___ NEW PLAYER
IF YOU'RE NEW, TELL US HOW YOU HEARD ABOUT NWA: _____

Player's Last Name _____ Player's First Name _____ Player's Date of Birth ____/____/____ Age on 08/31/2009 _____

Player's Street Address _____ City _____ Zip Code _____ Player's Home Phone _____ Player's School _____

Number of Years Played at Northwest Austin _____ Years Played at Other Leagues _____ Where? _____

Were you a member of the other league's All Star team last season? _____

Father's Name _____ Work Phone _____ Home Phone _____ Cell Phone _____

Mother's Name _____ Work Phone _____ Home Phone _____ Cell Phone _____

Father's Employer _____ Father's Email Address _____ Mother's Employer _____ Mother's Email Address _____

Are there any special needs for your child? ___ Yes ___ No Please describe those needs _____

Travel Permission Form

My daughter, _____, has permission to travel for all organized activities of Little Miss Kickball International, Inc. and Northwest Austin Kickball League. My child (does) (does not) have permission to go swimming, if available. "By signing this form, I hereby release and agree to indemnify and hold harmless, Little Miss Kickball International, Inc., its Board of Directors and its employees, chartered leagues and their boards of directors, as well as umpires, team coaches and sponsors from any and all liability which is not covered by insurance, save and except, incidents arising out of intentional acts committed by the individuals released hereby. In any event, Little Miss Kickball International, Inc. shall not be held liable or responsible for the intentional acts of individuals acting outside the scope of a Corporation officer, League officer, employee, umpire, team coach or sponsor." "I understand that as a parent, I am responsible for informing my daughter's league and coaches of the existence of any court order affecting custody of my child. By signing below, I understand and agree, that neither the League, coaches, sponsors nor Little Miss Kickball International, Inc. will be responsible for relinquishing possession or custody of my child to a parent or legal guardian of the child, unless I inform them and provide them with a copy of such order that specifically sets forth the terms and conditions affecting custody of my child."

Signature of Parent, Guardian or Managing Conservator _____ Date _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone/Pager _____

Do you live within the NWA boundary? (See information below) ___ Yes ___ No

Northwest Austin LMKB Boundary Information: NWA By-Laws: Article X, Section 1-Definition of Service Area: "The boundary of the League's service area is that area established by the District and outlined in its most recent map. Generally speaking, the area includes that area bounded on the east by Burnet Road; on the south by 35th Street and Lake Austin; on the west by the City of Austin limits and on the north by an imaginary line extended from Kramer Lane to the west." Girls located outside this boundary may participate. Girls located in the service area of another Little Miss Kickball League in Austin may also participate in NWA, provided the league in which she resides approves. NWA will seek necessary approval for girls who register with NWA, before the deadline indicated in this application. Please check the appropriate box above.

REGISTRATION:

Please complete the registration form and waiver, include fee and mail to: NWA KICKBALL P.O. BOX 27307 AUSTIN, TX 78755
Open registration will be held Saturday, January 24 and Saturday, January 31 at NWA Kickball Fields at the intersection of Hart Lane and Far West from 10 a.m. – 1 p.m. Forms and waivers must be received by February 6, 2009 to reserve a team place.

Fees: Pee Wee (age 4-6 as of 8/31/09) - \$70 Rookie (age 7-8 as of 8/31/09) - \$90
Junior/Senior/Teenage (age 9-18 as of 8/31/09) - \$110 (You may deduct \$20 for additional players.)

Please include a separate form for each player. Make checks payable to: NWA Kickball. After March 30, 2009, only partial refunds shall be granted. In addition, a fee for returned checks will be assessed. Space is limited, with registration subject to a first-come basis. A waiting list will be established, if necessary. The fee covers team shirts, visors (for upper divisions), trophies, and a team and individual picture.

PeeWees/Rookies may request to be on team with one person: _____

Are there any other activities which may interfere with your daughter's participation in NWA Kickball? (e.g. choir, band or other sports). If so, please indicate days or schedule, if known. _____

EMERGENCY AUTHORIZATION AGREEMENT

Name of player _____ Age _____

TO ANY HOSPITAL, PHYSICIAN, OR OTHER CONCERNED PARTY:

The undersigned is a parent, guardian or managing conservator of _____ a minor, _____ years of age, who is a registered member of Little Miss Kickball International, Inc.. In the event my daughter should need medical treatment requiring the consent of a parent, guardian or managing conservator, and it is the opinion there is not sufficient time to obtain my consent, under these circumstances, I authorize _____ to act as temporary guardian of my daughter and authorize him/her to consent to such surgery and other medical treatment as is recommended by the attending physician or emergency medical personnel, as the case may necessitate. By my signature below, I agree to assume all responsibility for paying all reasonable and necessary costs and expenses of such treatment, and I further agree to indemnify and hold harmless, Little Miss Kickball International, Inc., its Board of Directors and its employees, chartered leagues and their boards of directors, as well as umpires, team coaches and sponsors.

Signature of Parent, Guardian or Managing Conservator _____ Date _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone/Pager _____

Child's Physician, Address and Phone Number _____

Medical Problems and/or Allergies _____

Uniform Sizes – Please note that any incomplete or incorrect information resulting in a change to the uniform will result in a fee for the parent to have the uniform reprinted – The fee is \$50.00.

Team Shirt Size Youth Small _____	Adult Small _____	Adult X-Large _____
Youth Medium _____	Adult Medium _____	Adult XX-Large _____
Youth Large _____	Adult Large _____	

VOLUNTEERS

Northwest Austin Kickball League is a parent-sponsored and supported league. The following positions need to be filled by parent volunteers. **ALL PARENTS ARE REQUIRED TO HELP. Please check your preference, or one will be assigned to you. Thank You.**

Mom	Dad
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Head Coach** (requires attendance at practices/games)
- Assistant Coach** (requires attendance at practices/games)
- Umpire** (requires attendance at games)
- Team Parent** (coordinate uniforms, organize volunteers/team activities)
- Concession Worker** (requires 1 1/2 hour shift 2-3 times during the season)
- Field Marker** (requires marking the field prior to all games your team is visitor)
- Team Scorekeeper** (required at all games to keep score for the coach)
- Official Scorekeeper** (required at all home games to keep score for game)
- Rain-Day Field Worker** (needed to prepare field prior to game time due to rain)

LEAGUE SPONSORSHIPS

Please include a black and white logo with all sponsorships.

_____	_____
_____	_____
_____	_____

- Field Sponsorship:** \$500 for new sponsorships and \$400 for renewals
This will include a 4'x8' banner.
- Sponsorships:** Fan \$50, Supporter \$100, Champion \$200; Team Sponsor \$250
- Ad in Yearbook:**
Business Card \$35 _____ Half Page \$60 _____ Full Page \$100 _____

LEAGUE USE ONLY

PAID BY: CASH _____ CHECK# _____ AMOUNT _____ SISTER FEE _____ OTHER _____ INT _____