

Important Dates

Registration Deadline:

May 16th at 4pm or until full



Parks and Recreation Department
P.O. Box 296 ♦ Lillington, NC 27546
Phone (910) 893-2864 ♦ Fax (910) 893-2607



YOUTH SPORTS KICKBALL REGISTRATION FORM

AGE DIVISION (Age as of May 1, 2024)

8U Co-ed (Ages 5-8)

12U Co-ed (Ages 9-12)

15U Co-ed (Ages 13-15)

Note: your child will automatically be placed in the age group they are supposed to play in. Any requests need to be submitted on a special request form.

Participant Full Name: _____
First Middle Last

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____
(if different)

Male Female Date of Birth: ____/____/____

T-Shirt Size (circle one): Youth S M L Adult S M L XL

Note: If incorrect size is ordered due to wrong size being checked, it will be your responsibility to order and pay for a replacement.

Any important medical information we need to know: _____

Parent/Guardian Name: _____ Date of Birth: ____/____/____

Email Address: _____ Phone Number: (____) _____ - _____

Are you interested in getting text messages? Yes No If yes, carrier? _____

Are you interested in receiving information on becoming a volunteer coach? Yes No

Parent/Guardian Name: _____ Date of Birth: ____/____/____

Email Address: _____ Phone Number: (____) _____ - _____

Are you interested in getting text messages? Yes No If yes, carrier? _____

Are you interested in receiving information on becoming a volunteer coach? Yes No

Emergency Contact Other Than Parent or Guardian

Name: _____ Phone Number: (____) _____ - _____

REGISTRATION FEE

(Proof of residency may be requested at the time of payment in order to be eligible to receive resident rates.)

Inside Town Limits (\$25) Outside Town Limits (\$40)

Make checks payable to Town of Lillington and bring to the Lillington Community Center or mail to PO Box 296, Lillington, NC 27546.

I, the undersigned parent or guardian for the above named applicant, hereby give consent for the applicant's participation in the above referenced program. I understand that the Town carries no health or other medical insurance for the applicant. I hereby consent to the applicant's participation and agree to hold harmless the Town of Lillington, their volunteers, organizers, sponsors, supervisors or any other agents from any claims arising from an accident or injury to the participant. I agree to be wholly and fully responsible for the return of any equipment or uniforms that are provided by the Town to me or the applicant and not returned at the end of the activity. I am fully aware of the physical requirements and demand for participation in this activity and hereby state that the participant is physically, emotionally and mentally capable of participating in this activity to the fullest extent. I hereby state that I agree to read and adhere to the terms of the "Youth Waiver of Liability and Notice" posted on the Town's website at <http://www.lillingtonnc.org/parksrec/downloads.asp> (provided to patron upon request). I further understand that refunds of fees are not available after the first practice date. I grant the Town of Lillington permission to use for any legitimate reason, any photograph, motion picture, or recording of my child or myself participating in this recreation activity.

SPORTSMANSHIP AGREEMENT

The undersigned agrees to exhibit exceptional sportsmanship, in accordance with the Harnett County Recreation Code of Conduct, throughout the duration of the upcoming sports season at all practices, games, and any other events at which he or she would be representing the Town of Lillington and/or its Parks and Recreation Department.

Signature _____ Date _____