



ASUC Kickball!

Name: _____

Address: _____

City, State and Zip Code: _____

Contact Phone Number: _____

E-mail Address: _____

Best Method of Contact: Phone E-mail Text Message

Desired Shirt Size: Small Medium Large XL

T-shirts are \$15, please make checks payable to: Active Spine and Joint Center

Emergency Contact Information

Name: _____

Phone Number: _____

I hereby attest that I am fully cognizant of the risks involved in the sport of adult kickball ("Kickball") and voluntarily assume the same. I further attest that I do not suffer from any heart, lung or other medical condition or disease that might in any way hinder or prevent me from fully participating in Kickball or make me more susceptible to injury or harm while playing Kickball.

Player Signature

Date