



# Adult Kickball

Make Checks payable to LCRAC and Mail to : Adult Kickball Program • 563 South Lake Drive • Lexington, SC 29072  
Phone: 803-359-4048 ext:240 • Fax: 803-359-9092 • Email: bj@lcrac.com

**Co-ed Ages: 18+ • Registration Period: July 1<sup>st</sup>-September 12th**

**Registration Fee: \$150/per team**

**Location: Pine Grove Sports Complex: Thursday Nights 6:30pm-9:30pm**

Program runs from September - November : 8 game regular season followed by a Double elimination tournament

Captains Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Captains Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Waiver and Release (Please read this form carefully):**

In signing up and participating in Lexington County Recreation and Aging Commission programs, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses which you might sustain as a result of participating in any and all activities, including transportation services, where provided:

I acknowledge that there are certain risks of physical injury to participants in this program and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims against the Lexington County Recreation and Aging Commission , its officials, agents, volunteers, sponsors and employees that I/my child may have as a result of participating in this program.

I understand that photographs of my child's participation in this program may be used by the Lexington County Recreation and Aging Commission to promote its events and facilities. I understand these photos may be taken without my receiving compensation and without my granting additional approval. I also agree to abide by the "Parents Code of Ethics" listed on the back of this registration form.

LCRAC leagues are organized for the express purpose of providing fun, friendly, healthy competition between participants. Any Arguments, verbal or physical abuse of others or any other disruptive behaviors will not be tolerated.

LCRAC does not provide insurance. Players will participate at their own risk  
All registrations will be taken on a first paid basis. No spots will be held.  
All fees must be paid in full before being place on the schedule.

Print Captains Name: \_\_\_\_\_

Captains Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Palmetto Health USC**  
**ORTHOPEDIC CENTER**