



**BASKETBALL**

Information to come!

**KICKBALL**

**\*\*ALL TEAMS HAVE BEEN SPONSORED AT THIS TIME\*\***

**FREE FOR EVERYONE!**

Applications and team fees [made out to AAAP/HANDS] may be sent to:

[kinectwithhands@gmail.com](mailto:kinectwithhands@gmail.com)

-or-

The HANDS Program  
300 Shadow Wood Park Suite 100  
Birmingham, AL 35244

**PLAYER INFORMATION:**

Player's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_ M \_\_\_ F Does player provide own transportation: Yes No

**PARENT/GUARDIAN INFORMATION [if under 18]:**

Parent 1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent 2 name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

Doctor: \_\_\_\_\_ Office Number: \_\_\_\_\_

IMPORTANT QUESTIONS ABOUT PLAYER:

Does player take any medications? (if so, please list and note that no medication will

Does player have any medical conditions that will need special attention of our staff?

(if so, please list)

Does player have any dietary needs or allergies? (If so, please list)

Permission and Liability Waiver:

I/ my child, \_\_\_\_\_ have/has permission to fully participate in AAAP/HANDS' Kinect Sports League 2017. I, or as a parent/legal guardian, do hereby grant AAAP/HANDS and designated adults the right to authorize emergency medical treatment for myself or my child in the event that I or designated representative cannot be reached. I agree to hold harmless AAAP/HANDS, Valleydale Church and Veteran's Park and its agents from liability resulting. I understand that AAAP/HANDS, Valleydale Church, and Veteran's Park staff members will not administer medication to me/ my child during games and if I/my child needs medication, it is my responsibility to take it/ give it to him/her. I understand that AAAP/HANDS and Veteran's Park staff will not be responsible for anything that may happen as a result of false information or information not provided by myself/parent.

Enrollment for yourself/child in AAAP/HANDS Kinect Kickball constitutes agreement to this waiver. I have read and understand all policy and procedural information.

\_\_\_\_\_ Player/Parent [if  
under 18] Signature and Date (TYPE/ WRITE NAME)

## Publicity Release form (optional):

I authorize AAAP/HANDS, Veteran's Park, Valleydale Church, Autism Society of Alabama, Full Life Ahead

& The Exceptional Foundation to use photograph or other images of me/ my child for public relations purposes connected to this kickball league and future programs associated with AAAP/HANDS and Veteran's Park. I understand my name/ my child's name will not be published with an image.

(TYPE NAME)

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Player/Parent [if under 18] Signature and Date

**We look forward to providing you with a fun and  
safe team sport experience!**