



MILWAUKEE COUNTY PARKS – ORGANIZED SPORTS - 9480 WATERTOWN PLANK ROAD, WAUWATOSA, WI 53226  
PHONE (414) 257-8030 - FAX (414) 257-8044 - [www.countyparks.com](http://www.countyparks.com)

## 2016 COED KICKBALL APPLICATION

Milwaukee County Parks Summer Sports leagues serves men and women, 18 years or older, with a variety of leagues that run from April to August. To be considered for acceptance into any sports league, each manager must submit all required forms and fees during the registration period indicated below.

Preferences will be given on a first-come, first-served basis until each league is filled. However, submission of an application and payment does not guarantee either preference or participation.

### EARLYBIRD LEAGUE ENTRY FEES: March 1 thru April 1, 2016

14 Week league \$275.00 (Includes team fee and 11 players)  
Individual Player Fee \$15.00/player (Teams responsible for payment up to 15 players)

### LATE LEAGUE ENTRY FEES: April 4 thru April 25, 2016

14 Week league \$325.00 (Includes team fee and 11 players)  
Individual Player Fee \$20.00/player (Teams responsible for payment up to 15 players)

*League offerings - Thursday nights at West Milwaukee Softball #1 starting May 5, 2016*

**Please fill in the following w/your information by clicking on the lines below:**

**Team Name:** \_\_\_\_\_ **Manager's Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

Participant (s) agrees to indemnify, defend and hold harmless, the County, its officers and employees, from and against all loss or expense including costs and reasonable attorney's fees and/or liability for damages for personal injury and property damage to the extent caused by any negligent or willful act or omission of participant (s).

I hereby acknowledge that I have read, understand and agree to follow the terms and conditions, rules, regulations and considerations contained herein. In addition, I acknowledge and understand that I am responsible for any damage that may result from my actions or those of my guests or invitees.

**I AGREE THAT THE ENTRY OF MY FULL NAME BELOW CONSTITUTES AN ELECTRONIC SIGNATURE.**

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

**DATE PAID** \_\_\_\_\_  
**AMOUNT** \_\_\_\_\_  
**LEAGUE** \_\_\_\_\_

**Payment Type:** CREDIT  CHECK  CASH

**Credit Card Information:** (Visa, MasterCard, Discover, AMEX)

Cardholder: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_