



TOWN OF ATOKA
Parks and Recreation Department
Town of Atoka, Tennessee
P.O. Box 505
334 Atoka Avenue, Suite B
Atoka, TN 38004-0505

Team Name: _____

Name: _____

Birth Date: _____ **Age:** _____ **Shirt Size:** _____

Address: _____

Phone: _____ **Cell:** _____

Email Address: _____

Emergency Contact: _____

Relationship: _____

Are You:

Single
or

Married

Address: _____

Home Phone: _____ **Cell:** _____

Payment Amount: _____ (\$275 per team, or \$40 per person)

Check #: _____

Cash

Money Order

Participation Waiver

I have read the rules and the hold harmless agreement of the Park and Recreation Department of the Town of Atoka. I agree to participate in the Adult Kickball League and to hold the Town of Atoka, its elected officials, appointed officials, employees, volunteers, and contractors harmless from any adverse consequences of participation up to and including temporary physical injury, permanent physical injury, and death.

Printed Name: _____ Date: _____

Signed Name: _____ Date _____

