



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KICK IT WITH THE FAMILY!

Kickball & Family Picnic Night
HARRISON FAMILY YMCA



Friday, June 22nd 5:30-7:30pm

YMCA Soccer Field

Rain Date: June 23rd 10am-12pm

FREE EVENT

All families in the community are invited to come out to the Y on this evening! Bring your own picnic dinners, blankets, and/or chairs and join us on the soccer field for a fun game of kickball with the entire family!

BASIC GAME PLAY RULES

Outs made by pitchers hand, force out or tag

No pegging

No ghost baserunners

One base on over throw

10 Run mercy rule may apply

5 innings of play (will try to get 2 games in)

Must register by filling out the back of this form and turning into the Y or online at harrisonfamilyY.org

Some snacks and yard games will be available on site

For more information, contact Adam Crider at acrider@rmymca.org



HARRISON FAMILY YMCA
1000 Independence Drive Rocky Mount, NC 27804
P 252 972 9622 harrisonfamilyY.org

REGISTER HERE!

Child 1 First and Last Name _____ D/O/B _____

Child 2 First and Last Name _____ D/O/B _____

Child 3 First and Last Name _____ D/O/B _____

Child 4 First and Last Name _____ D/O/B _____

Adult 1 First and Last Name _____ D/O/B _____

Adult 2 First and Last Name _____ D/O/B _____

Adult 3 First and Last Name _____ D/O/B _____

Adult 4 First and Last Name _____ D/O/B _____

Parent/Contact Person _____

Address _____ City, State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

WAIVER OF LIABILITY: I understand and agree that the Rocky Mount Family YMCA, Inc. (d/b/a Harrison Family YMCA), North Carolina Wesleyan College, nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or form compensation for any injury may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

Participant's/Parent's Signature (parent signature required if age 17 or under)
