CAPITOL SQUARE KICKBALL LEAGUE REGISTRATION FORM

Team Name _____

Captain _____

Captain's Address _____

Captain's Day Phone # _____Home/Cell Phone # _____

Captain's E-mail address _____

*CHECK ONE: ____Session #1 (Thursdays, June 3 – July 29) _____Session #2 (Thursdays, Aug. 5 – Oct. 7)

Players Name	Daytime Phone	Email

Minimum of 10 players. All players and potential players must be listed on this roster and sign a release form.

Capitol Square Kickball is being produced by Capital Crossroads Special Improvement District and the Athletic Club of Columbus, in partnership with the Capitol Square Review and Advisory Board. It is held in conjunction with the Downtown Live concerts on Thursdays.

Zero Tolerance Policy:
Unsportsmanlike conduct or abusive behavior by players or spectators will not be tolerated. We are guests on the Ohio Statehouse lawn and will make certain not to abuse the grass or grounds outside of normal kickball play. This is a recreational league for fun and Downtown community building. If it is deemed by Capital Crossroads or the Athletic Club of Columbus that players or spectators are becoming violent, abusive or otherwise unsportsmanlike, probation, suspension or total elimination from the league may ensue.

I have read the above policy and accept it, read and signed the liability release form on the following page, completed all necessary information on this form and submitted it along with my check for $350 paid to Capital Crossroads SID.

Team Captain Signature:_____ Date:_____