



Adult Dodgeball Tournament TEAM ENTRY FORM

This form and Liability Release Forms for ALL team members must be submitted at the time of registration.

Team Name: _____

Team Captain: _____

Captain's Phone Number: _____



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TEAM MEMBERS:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

6. _____ Phone: _____

7. _____ Phone: _____

8. _____ Phone: _____

9. _____ Phone: _____

10. _____ Phone: _____

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Friday July 14 & Saturday July 15 at the McKinleyville Activity Center
1705 Gwin Rd., McKinleyville

For more information contact the Parks & Recreation office
839-9003

OFFICE CODE

Adult Consent & Liability Release Form: Dodgeball Tournament

I, the undersigned, understand that participation in some recreation activities is inherently hazardous, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist. I, the undersigned, certify that I am in good health and able to participate in activities for which I register and/or pay the program fee. I, the undersigned, hereby acknowledge that I am voluntarily participating and agree to assume any risks associated with my participation in the Dodgeball League sponsored by the McKinleyville Community Services District from July 1, 2017- June 30, 2018, and fully understand participation in said program may expose participants to the risk of personal injury, death, or property damage. I hereby release, discharge, and agree not to sue the McKinleyville Community Services District for any injury, death, or damage to, or loss of personal property arising out of or in connection with participation in said programs from whatever cause, including the active or passive negligence of the McKinleyville Community Services District or other participants in said program. In consideration for being permitted to participate in said program, I hereby agree, for myself, my heirs, administrators, executors, and assigns that I shall indemnify and hold harmless the McKinleyville Community Services District, its' agents and employees, from any and all claims, demands, actions, or suits asserted by me or on my behalf out of or in connection with participation in said program. I have carefully read this release, hold harmless, and agreement not to sue and understand its' contents. I am aware that it is a full release of all liability and I sign it on my own free will.

	PARTICIPANT NAME:	SIGNATURE:	DATE:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**** Please note that each team is limited to ten players on the roster.**