

Constantine's 175th Birthday
4th of July Celebration



REGISTRATION FORM

JULY 4th, 2003

6 ON 6 COED VOLLEYBALL TOURNAMENT

Entry Due Date June 25th, 2003

Team's Name: _____

PLAYER # 1 (CAPTAIN)

Name _____ Phone: (h) _____

e-mail: _____ Phone: (w) _____

address: _____ City _____ Zip _____

PLAYER # 2

Name _____ Phone: (h) _____

PLAYER # 3

Name _____ Phone: (h) _____

PLAYER # 4

Name _____ Phone: (h) _____

PLAYER # 5

Name _____ Phone: (h) _____

PLAYER # 6

Name _____ Phone: (h) _____

PLAYER # 7 (optional)

Name _____ Phone: (h) _____

PLAYER # 8 (optional)

Name _____ Phone: (h) _____

PLAYER # 9 (optional)

Name _____ Phone: (h) _____

PLAYER # 10 (optional)

Name _____ Phone: (h) _____

Mail forms and money to: Sports-R-Us c/o Chad Thelen
319 N. Grant Ave.,
Three River, MI 49093

***Games will be played outside, beyond the baseball diamond home run fence at Constantine High School.**

Cost: \$72.00 / Team; cash, checks, or money order. Make checks or money orders out to Sports-R-U

Questions: Call Chad at 269-273-4419

First Games will be played at 9am

Schedules will be mailed out

While Competing in the tournament, 50%+ of the players on the court for each team must be female.

WAIVER AND RELEASE FORM.

I, the undersigned, do hereby, for myself, my heirs, executors, administrators and assigns, RELEASE and FOREVER DISCHARGE THE Village of Constantine and those working for the city and those running the volleyball tournament (collectively the "released parties"), and other participants in any playing area, from any and all claims of liability for personal injury to me and RELEASE and FOREVER DISCHARGE the released parties and other participants from any and all claims for damage to my property, whether caused by the negligence of the released parties and other participants or otherwise while the undersigned is on or upon the playing area, and/or, competing, officiating in, working for, or for any purpose participating in the events or arising out of or in any way connected with my preparation for participation in the volleyball tournament.

I acknowledge and agree that preparation for and participation in the volleyball tournament may be dangerous and involve the risk of serious personal injury, including death and/or damage to property and I assume full responsibility for any risk of such personal injury. I certify that I am physically fit and that my physical condition is good. I hereby consent to receive and authorize any medical treatment which may be deemed advisable to available emergency medical personnel or physicians in the event of injury, accident and/or illness during the events. I agree that The released parties owes me no duty to seek or provide such medical treatment on my behalf, but nevertheless agree to hold the released parties Harmless for any such medical treatment I may receive.

I have read, fully understand and voluntarily sign this waiver and release form.

Player # 1 signature_____ Date_____

Player # 2 signature_____ Date_____

Player # 3 signature_____ Date_____

Player # 4 signature_____ Date_____

Player # 5 signature_____ Date_____

Player # 6 signature_____ Date_____

Player # 7 signature_____ Date_____

Player # 8 signature_____ Date_____

Player # 9 signature_____ Date_____

Player # 10 signature_____ Date_____