

COED West River
Community Center

**FROZEN
WALLYBALL
TOURNAMENT**

**SATURDAY
JANUARY 4, 2020**



ENTRY FEE: \$75 (Make check payable to DPRD) **ENTRY DEADLINE:** Dec. 26, 2019

Dickinson Parks & Recreation | 2004 Fairway Street | Dickinson ND 58601
Phone: 701-456-2074 Fax: 701-456-2073 Email: cburgard@dickinsonparks.org

OFFICE USE ONLY:

PAID: _____ck# _____cash _____cc____
Receipt# _____
Employee Initials _____Date _____

Any faxed registration must be accompanied with credit card payment.
All participants will receive a t-shirt

TEAM: _____

MANAGER: _____

E-MAIL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Manager: I hereby accept full responsibility for the conduct of all individuals on this roster connected with this team participating in the Frozen Wallyball Tournament.

Manager Signature: _____

WAIVER: THE UNDERSIGNED PARTICIPANTS in consideration for Dickinson Parks & Recreation providing facilities, equipment, and supervision of this tournament for which he/she has registered does hereby: 1) Assume all risks and responsibility of possible damage or injury involved through participation in this tournament. Participant understands he/she is to furnish their own insurance in case of injury. 2) Participant hereby certifies they are in good health and capable of participation in this tournament. 3) Participant agrees to indemnify and hold harmless Dickinson Parks & Recreation, WRCC, Dickinson Public Schools, and the City of Dickinson from liability resulting from participation in this tournament.

Player's Name

T-Shirt Size

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____