

# WHEAT & BEET DAYS CO-ED KICKBALL TOURNAMENT TEAM REGISTRATION FORM

Friday & Saturday, August 3-4, 2012  
Garland City Park

**Registration deadline:** Wednesday, July 27, 2012

**Eligibility:** The Garland City Wheat & Beet Days Co-ed Kickball Tournament is open to all persons twelve (12) years of age and older. Participants between the ages of 12 and 18 require a parent or guardian signature prior to competing. Each team requires a minimum of eleven (11) players – 50% male, 50% female.

**Rules:** The rules for this tournament will be taken from the WAKA Official Rules of Kickball. Copyright © 1998-2011 by WAKA, LLC [www.kickball.com](http://www.kickball.com). All rights reserved.

**Fee:** No entrance fee required. It is encouraged that teams have similar color shirts but this is also not required.

**Team Name** \_\_\_\_\_

**Team Contact (Captain)** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Address** \_\_\_\_\_

City, State, Zip

**Phone Numbers** \_\_\_\_\_

Home / Mobile Work

## **Waiver and Release of all Claims and Assumption of Risk**

*I recognize and acknowledge that there are certain risks of physical injury to participants and I agree to assume the full risk of any such activities connected or associated with any such program. I waive and relinquish all claims I or my child/ward may have against Garland City and its officers, agents, servants and employees as a result of participating in the above program. I hereby fully release and discharge Garland City and its officers, agents, servants and employees from any and all claims from injuries, damages or losses which I or my child/ward may have or which may occur to me or my child/ward in the above event. I further agree to indemnify and hold harmless and defend Garland City and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward, and arising out of, connected with, or in any way associated with the activities of any program(s). By signing below I acknowledge that I have read and fully understand the above "Important Information", "Warning of Risk", and agree to the "Waiver and Release of all Claims, and Assumption of Risk". If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.*

**Team Captain Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Questions:** Please direct questions or comments to the Garland City Offices (435) 257-3118 or Jeff Jensen at [jensen137@live.com](mailto:jensen137@live.com).

**Please return this form to:** Garland City, 72 North Main, Garland, Ut. 84312.

**Cancellation policy:** In case of inclement weather, the Garland City reserves the right to cancel the tournament.

# Team Roster

Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

	Participant (Please Print)	Address	Date of Birth	Phone Number	Signature of Participant
					Signature of Parent or Guardian
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

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