

# MIDDLE SCHOOL VOLLEYBALL

## August TOURNAMENT



**Sunday, August 1, 2010**

**\$120/team**

**3 game guarantee**

**(7th/8th grade will compete together)**

*Multiple team discounts!*

*Must be pre-registered  
by July 25, 2010*

NO CARRY INS ALLOWED • CONVENIENTLY LOCATED 1 MILE NORTH OF HWY 41 - OFF HWY JJ  
Please fill in registration form below & mail with check or cash to Players Choice of the Fox Cities, LLC  
W3035 Edgewood Trail • Appleton, WI 54913 • 920-731-7529 • [www.pcfoxcities.com](http://www.pcfoxcities.com)

Program Description Middle School August Volleyball Tournament Program Date 8-1-2010

Team Name \_\_\_\_\_ Coach Name \_\_\_\_\_

Coach Phone \_\_\_\_\_ Coach's Email \_\_\_\_\_

Player Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

**PAYMENT TYPE** (Mark below payment type) Make Checks payable to: Players Choice

Cash  Check # \_\_\_\_\_ Amount of Payment \$ \_\_\_\_\_

**WE DO NOT ACCEPT CREDIT OR DEBIT CARDS - \$40 NSF Fee will be charged for returned checks**

#### CANCELLATION POLICY

Cancellation 48 hours or more prior to program or rental date subject to ½ fee (refund provided in account credit)

Cancellation within 7 days subject to full fee • Cancellation 47 hours or less prior to program or rental date subject to NO REFUND

**Waiver must be SIGNED to participate in activities. Children 17 & under need Parent or Legal Guardian signature.**

**TEAM ROSTER** MUST BE FILLED OUT COMPLETELY, SIGNED AND SUBMITTED PRIOR TO THE START OF EACH SESSION.  
ANY ADDITIONS OR SUBSTITUTIONS MUST BE CLEARED BY THE LEAGUE DIRECTOR PRIOR TO PLAY.

**Team Roster/Waiver must be SIGNED by each participant. Children 17 & under need Parent or Legal Guardian signature.**

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT**

In consideration of being permitted to participate in any way in the activities ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin and/or I/ THE MINOR'S PARENT AND/OR LEGAL GUARDIAN ACKNOWLEDGE, agree, and represent that I understand the nature of Activities and that I/The minor am/is qualified, in good health, and in proper physical condition to participate in such Activity. I/The minor further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. FULLY UNDERSTAND THAT: ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I/The minor incur as a result of my participation or that of the minor in the Activity. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Players Choice of the Fox Cities, LLC, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. Also, I waive(s) all rights to any photos taken for use in any Players Choice of the Fox Cities, LLC publication.

Participant's Signature (only if age 18 or over) or Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

1. Name (Captain) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_  
Parents Name \_\_\_\_\_ Signature \_\_\_\_\_
2. Name (Captain) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_  
Parents Name \_\_\_\_\_ Signature \_\_\_\_\_
3. Name (Captain) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_  
Parents Name \_\_\_\_\_ Signature \_\_\_\_\_
4. Name (Captain) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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Parents Name \_\_\_\_\_ Signature \_\_\_\_\_
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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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Parents Name \_\_\_\_\_ Signature \_\_\_\_\_
6. Name (Captain) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_  
Parents Name \_\_\_\_\_ Signature \_\_\_\_\_

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9. Name (Captain) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_  
Parents Name \_\_\_\_\_ Signature \_\_\_\_\_

10. Name (Captain) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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Parents Name \_\_\_\_\_ Signature \_\_\_\_\_

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E-mail \_\_\_\_\_ Phone \_\_\_\_\_  
Parents Name \_\_\_\_\_ Signature \_\_\_\_\_

16. Name (Captain) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_  
Parents Name \_\_\_\_\_ Signature \_\_\_\_\_