



**Co-ed ADULT Dodgeball 2019**

Players First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

\_\_\_\_ Male    \_\_\_\_ Female    Age \_\_\_\_\_    Date of Birth \_\_\_\_\_

\_\_\_\_ Individual (\$80 registration fee)                      \_\_\_\_\_ Team of 8 (\$640 registration fee)

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

**IMPORTANT INFORMATION**

*Teams must pick a color and provide their own shirts. Pinnies can be provided if your team doesn't get matching shirts.*

\_\_\_\_\_ I will accept responsibility for any personal injury that may occur as a result of my participation. I will not hold Athletes Arbor or appointed volunteers responsible for any such injury which may occur. I also understand that photographs/video may be taken and used for future program publicity.

\_\_\_\_\_ Signature

Payment:

\_\_\_\_ cash    \_\_\_\_ check #    \_\_\_\_ credit card                      \_\_\_\_\_ Staff Initials