

**All Sports Tournament
Team Registration Form
Saturday, June 21, 2008**

ALL SPORTS! ALL FUN! ALL DAY!

Team Name: _____

Team Captain: _____

Phone Number: _____

Email Address: _____

How did you hear about this event: _____

Please circle which team you are entering below:

Soccer	Volleyball
Ball Hockey	Slo-Pitch
Ultimate Frisbee	Field Hockey

The team or team's captain has acknowledged the requirement for their team to compete. Such as required gear, proper outerwear, and understanding the rules. All players in the tournaments must be over the age of 16 due to insurance requirements. Teams must supply their own uniforms/matching shirts. Proper safety gear must be worn as required by the sport (shin pads, mouth guards, helmets, goalie gear, ect.). Teams must have at least two women on the field at all times.

\$200 per team, Ultimate Frisbee \$100 per team.

Cheque: _____ Cash: _____ Credit: M/C VISA
Card #: _____ Expiry date: ____/____

✓ Yes I wish to make an additional donation to the Cowichan Sportsplex for a tax receipt. Please add an additional \$ _____ to my total.

Entry Forms may be dropped off at the Cowichan Sportsplex office between 8:00am-4:30pm or you can slip it through the mail slot after office hours. You can also email or fax your entry forms.

Signature of Participant: _____

Date: _____

"....the heart of a healthy community..."

This event is proudly sponsored by Country Grocer

t: 250.746.5666 f: 250.746.5682 e: sportsplex1@telus.net
5847 Chesterfield Avenue Duncan BC V9L 3M3

**Cowichan Sportsplex
Participant Waiver**

In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors and representatives, agree to release, indemnify, and discharge Cowichan Sportsplex, their agents, owners, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Sportsplex"), as follows:

1. I acknowledge that the activities of the event involve the potential risk of serious injury or property damage to myself, to property, or to third parties.

2. I expressly agree and promise to accept and assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the event whether caused by the negligence of Sportsplex or otherwise. My participation in this activity is purely voluntary, and I elect to participate in spite of any risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Sportsplex from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Sportsplex equipment or facilities, including any such claims which allege negligent acts or omissions of Sportsplex.

4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or in the alternative, I agree to assume responsibility for and bear the costs of such injury or damage. I further certify that I have no mental or physical conditions which could interfere with my safety in this activity or my ability to perform this activity.

5. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____

Witness: _____

Date: _____



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Sport:			
Team Name:			
Team Captain:			
	Team Member Name	Phone Number	Email Address
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