DODGE, DUCK & DIVE

DODGEBALL TOURNAMENT
Gather your best team and be a part of our first annual Dodgeball Tournament, all proceeds will go to the YMCA of Central Texas Annual Campaign.

August 13th
*Registration ends on August 6th
Tournament starts at 2pm

Cost: $150 for teams of 6 ($10 per additional player)
Dodgeball Tournament

Please complete one waiver per team member. Submit all team members registrations forms together.

TEAM NAME ________________________________________________________________

NAME ______________________________________________________________ AGE ___________________

GENDER: ___________________________ SHIRT SIZE __________ PHONE ______________________________

EMAIL __________________________________________________________________________

EMERGENCY CONTACT: ___________________________ EMERGENCY CONTACT PHONE: _______________________ 

*Must be at least 18 years of age.

*It is required to have 2 women per team.

*Participants shirts will be given at event, but EACH TEAM IS RESPONSIBLE FOR THEIR OWN JERSEY.

_________ Waiver for Medical Treatment (REQUIRED): In the event that I and/or my child require emergency treatment and our emergency contact cannot be reached, I hereby authorize the Y to make arrangements to transport me and/or my child to the nearest hospital emergency facility. I give my consent for any and all necessary medical treatment, if, in fact I and/or my child require the attention of a physician.

_________ Waiver for Participation (REQUIRED): I understand that Y activities have inherent risks and I hereby assume responsibility for all risks and hazards to me and/or my child in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my use of the facilities or participation in the Y program.

_________ Waiver for Photo / Video / Audio Release (OPTIONAL): I give my consent for any photos, video and/or audio taken of me and/or my child involved in Y programs. I understand that these may be shared with others participating in the program, as well as used in Y promotions, trainings and/or displays.

_________ Change / Cancellation / Refund Policy (REQUIRED): I understand that changes / cancellations / refunds are not permitted under unless a physicians note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk and are allowed at the discretion of the program director.

_________ Additional Notes (REQUIRED): Financial assistance is available for all those who qualify. For any questions, please contact the Greater Waco YMCA at (254) 776-6612

By signing below, I agree that I have read and understand all of the above information as it relates to Greater Waco YMCA programs.

X Participant Signature: ___________________________________________ Date ______________

YMCA STAFF ONLY

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<tr>
<th>STAFF NAME</th>
<th>DATE</th>
<th>PAID AMOUNT</th>
<th>PAYMENT VERIFIED BY</th>
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PLEASE SCAN AND EMAIL REG FORM AT TIME OF PURCHASE to chernandez@ymcactx.org