



RIVERVIEW HEALTH YOUTH DODGEBALL TOURNAMENT

AGES 15 AND UNDER

WEDNESDAY, AUG 14 | 5:00 PM

Team check-in begins at 4:30 pm.

TEAM REGISTRATION FORM

TEAM NAME _____

CONTACT PERSON _____

EMAIL ADDRESS _____

STREET ADDRESS _____

CITY | STATE | ZIP CODE _____

PHONE NUMBER _____

I have read and understand the general rules and instructions for the Ox Cart Days Tournament. I am entering this event at my own risk. I agree to waive all rights and claims for damages and/or injuries suffered in connection with my participation against RiverView Health, the Ox Cart Days Festival Committee, the Crookston Aquatic Boosters, and the City of Crookston, its departments, agencies, and associations. I also permit the unrestricted use of my name and/or photography in this event's broadcast or other accounts.

Once all registration forms have been received, brackets will be created for age divisions based on the oldest player's age. **The registration deadline is Wednesday, August 7. No exceptions.**

TEAM MEMBERS

	Player Name	Player Age	Parent/Guardian Signature	Date
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

Parent or guardian signature required for all players.

Teams are encouraged to design their own uniforms. However, any disrespectful or offensive uniforms or slogans will be disqualified.

Team registration fee is \$60. Make checks payable to Crookston Ox Cart Days.

**Return to: RiverView Health
Attn: Stacey Bruggeman
323 S Minnesota Street
Crookston, MN 56716**