

# WIFFLEBALL BASH

## REGISTRATION FORM

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

Phone # \_\_\_\_\_ Address \_\_\_\_\_

<p><b>DIVISIONS</b></p> <p><b>**Please mark one division**</b></p> <p>____ Jr. High School (6<sup>th</sup>-8<sup>th</sup>)</p> <p>____ High School (9<sup>th</sup>-12<sup>th</sup>)</p> <p>____ Open (18 &amp; older)</p> <p>____ Masters (35 &amp; older)</p>
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| <ul style="list-style-type: none"> <li>\$40 per team/Double Elimination Format</li> <li>Manager's Meeting: 7:30 am, Saturday July 25<sup>th</sup>, Rouse Park</li> <li>Rosters are final once the teams first game begins</li> <li>Teams may move divisions based on numbers</li> </ul> |
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**Turn in to the Recreation District Office, 575 Ash St., by Thursday July 23<sup>rd</sup> at 12:00 pm.**

The rosters are limited to 6 players. Participants must sign the team roster before participating in the Wiffleball Bash. Any participant under the age of 18-years old on July 25, 2015 will be allowed to participate only if they have a parent or a legal guardian sign the roster.

I do hereby state that our team will abide by the Cañon City Area Metropolitan Recreation and Park District's Policies. I will read and understand the rules and regulations applying to the Whiffleball Bash. I am also aware that any participant under the age of 18-years old on July 25, 2015 will be allowed to participate only if a parent or legal guardian signs the roster.

**Manager's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I, by signing below, state that I will not hold the Cañon City Area Recreation and Park District, or any person connected with the Cañon City Area Recreation and Park District, responsible for any accident or injury which may occur while I am taking part in the Wiffleball Bash.

### Official Team Roster

X if Minor	First Last Name	Phone#	Signature (Parent if Minor)
1. _____/	_____	_____	_____
2. _____/	_____	_____	_____
3. _____/	_____	_____	_____
4. _____/	_____	_____	_____
5. _____/	_____	_____	_____
6. _____/	_____	_____	_____