

**Scandia Park & Recreation Committee**  
**Taco Daze**  
**DODGEBALL TOURNAMENT**  
**Saturday, September 12, 2009 10:00 A.M. – 8:00 P.M.**

**Team Registration Form**

Division (circle one) Adult    Grades 10-12    Grades 7-9    Grades 5-6    Grades 3-4

Team Name:		Email:	
Team Captain:	Phone:	2 <sup>nd</sup> Phone:	
Team Coach: (required for 3-4 grade teams):			
Address:	City:	State:	Zip:

Team Players (maximum 8):

1	First Name:	Last Name:
	Phone:	Grade/Adult:
2	First Name:	Last Name:
	Phone:	Grade/Adult:
3	First Name:	Last Name:
	Phone:	Grade/Adult:
4	First Name:	Last Name:
	Phone:	Grade/Adult:
5	First Name:	Last Name:
	Phone:	Grade/Adult:
6	First Name:	Last Name:
	Phone:	Grade/Adult:
7	First Name:	Last Name:
	Phone:	Grade/Adult:
8	First Name:	Last Name:
	Phone:	Grade/Adult:

**Entry Fee \$30 before or on Sept. 4, \$40 thereafter.**

Make checks payable to "City of Scandia." Mail completed registration form with payments to 14727 209<sup>th</sup> St. N., Scandia, MN 55073. **Registration deadline Sept. 10.**

**Release:** I recognize there is a significant element of risk in any sports and/or activity. Knowing the inherent risks, dangers and rigors involved, I certify that I and/or my family (including any minor children) are fully capable of participating in the activities, and wish to do so as voluntary participants, and with such knowledge assume any and all risks while participating in the activities. In consideration of the City of Scandia providing this program to me and/or my family and/or legal wards, I hereby waive and release the City of Scandia, and its employees, agents and volunteers, from all actions, claims and demands for personal injury, including death, arising out of the conduct of the activities. I further agree that I shall not bring any claims, demands, legal actions and causes of action against the City of Scandia, its employees or agents. This waiver of liability does not waive liability for any injuries that I obtain as the result of willful, wanton or intentional misconduct by the City or any person acting on behalf of the City. This agreement shall be governed by and construed in accordance with the laws of the State of Minnesota. I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me and/or my family and/or legal wards during the entire period of participation in Scandia Park and Recreation activities.

Registrant/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_