



Adult Co-Ed Volleyball Fundraiser Tournament

March 2nd, 2024

Williston, ND

ENTRY FORM: (Please write legibly)

Team Name: _____

Team Manger's Name: _____

Address: _____

Phone #: _____

Email: _____

Level: (Circle) Advanced Intermediate Beginning

Please have all players sign the roster which acts as the player liability release:

Please read this form carefully and beware that in registering yourself or minor child/ward for participation in the programs, you will be waiving and releasing all claims for injuries you or your child might sustain arising out of the program. A player, parent or guardian agrees to the following: 1. I will obey all rules and regulations established. 2. WPRD and WSC have the right to bar any person, team, or organization from participation if a team or person refuses to comply with said rules and regulations. 3. I will pay for any damage that I cause to any property, equipment, or facilities owned by WPRD, WBSD 7, or WSC. 4. I understand that participating in a program and/or event is hazardous and may result in injury to other players, my child/ward or me. 5. I ASSUME ALL RISKS OF INJURY INCURRED OR SUFFERED WHILE PARTICIPATING IN PROGRAMS AND/OR EVENTS OPERATED BY WPRD, WBSD 7 or WSC 6. I WAIVE ANY CLAIMS FOR DAMAGES, COSTS, EXPENSES OR ATTORNEYS' FEES WHICH I HAVE OR MAY HAVE IN THE FUTURE AGAINST WPRD, ITS OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS ARISING FROM OR PERTAINING OR RELATED TO MY PARTICIPATION IN SAID PROGRAMS AND/OR EVENTS. I RELEASE WPRD, WBSD 7, WSC AND SAID PERSONS FROM ANY OBLIGATIONS, LIABILITIES, RESPONSIBILITIES, DAMAGES, COSTS, EXPENSES, CLAIMS, DEBTS, AND ATTORNEYS' FEES ARISING FROM, PERTAINING OR RELATED TO SAID PROGRAMS AND/OR EVENT PARTICIPATION.

*All games will be self-refed. (Refer to rules sheet for questions)

TOURNAMENT INFO:

Divisions:

All levels played together due to number of teams registered.

Registration Fee:

\$100 per team (checks only)

*Payment must accompany form to reserve your spot. *No refunds after February 26th registration deadline.*

Mail Form & Payment To:

Williston Parks & Recreation District
 C/O Chris Leisy
 822 18th St. E.
 Williston, ND 58801

Games Played:

3 Game Guarantee

Deadline to Register:

Monday, February 26th.

For More Information:

Chris Leisy: 701-580-0117
 Email: Chris@wprd.us

	Player Name:	Birthday	Phone #:	Signature

