



**FRONTIER DAYS TEEN VOLLEYBALL
TOURNAMENT
REGISTRATION FORM - 2016**

SATURDAY, JULY 2nd

ENTRY DEADLINE: FRIDAY, JULY 1st

TEAM NAME: _____

TEAM CONTACT: _____ PHONE: _____

CIRCLE ONE: HIGH SCHOOL MIDDLE SCHOOL
CO-ED TEAMS OF 6-10 PEOPLE. MUST HAVE AT LEAST 2 GIRLS.

WAIVER AND REGISTRATION

In consideration of my registration being accepted in the Frontier Days Teen Volleyball Tournament, I, intending to be legally bound, do hereby, for myself, my heirs, my executors and assigns, release and forever discharge any and all rights and claims for damages I may hereafter accrue to me against Frontier Days, Inc., Arlington Heights Park District, the Village of Arlington Heights, its or their respective officers, agents, representatives, volunteer organizations, volunteer staff members, successors, assigns, and sponsors for any and all damages which may be sustained and suffered by me in connection with my association with, entry, or participation in the Frontier Days, Inc., Teen Volleyball Tournament.

Player #1: Name: _____ Address: _____
Birth Date: _____ Parent Signature: _____

Player #2: Name: _____ Address: _____
Birth Date: _____ Parent Signature: _____

Player #3: Name: _____ Address: _____
Birth Date: _____ Parent Signature: _____

Player #4: Name: _____ Address: _____
Birth Date: _____ Parent Signature: _____

Player #5: Name: _____ Address: _____
Birth Date: _____ Parent Signature: _____

Player #6: Name: _____ Address: _____
Birth Date: _____ Parent Signature: _____

Teams with more than 6 players may complete 2 forms. No player may participate without parent's signature. Please return completed form to Frontier Days office by Recreation Park. Any questions, call Morris Minuskin@847-255-8255.