

HORIZONS

1ST ANNUAL 7.7.2017 @ VOLLEYS SAND VOLLEYBALL TOURNEY



PLAYER REGISTRATION & SIGNATURE

*Parent signature required
for participants under 18.

Player 1 -- Name: _____

Address: _____

City // State // Zip: _____

Phone // Email: _____

*Player 1 Signature (Required): _____

T-Shirt Size: AS AM AL XL 2X 3X

Player 2 -- Name: _____

Address: _____

City // State // Zip: _____

Phone // Email: _____

*Player 2 Signature (Required): _____

T-Shirt Size: AS AM AL XL 2X 3X

Player 3 -- Name: _____

Address: _____

City // State // Zip: _____

Phone // Email: _____

*Player 3 Signature (Required): _____

T-Shirt Size: AS AM AL XL 2X 3X

Player 4 -- Name: _____

Address: _____

City // State // Zip: _____

Phone // Email: _____

*Player 4 Signature (Required): _____

T-Shirt Size: AS AM AL XL 2X 3X

* **Player Waiver:** In consideration of my participation and right to play in this volleyball tournament, I hereby assume any and all risks of physical injury, property damage or any complications arising therefrom and further release and agree to indemnify CR Bowling Center/Volley, Horizons, all event sponsors together with their officers, directors, employees, agents, representatives, successors and assigns from any and all claims, demands, causes or actions, suits, injury, liability, or expense of whatsoever kind of nature with respect to any injury, death or property damage sustained by me, arising out of or related in any way to my participation in this volleyball tournament. I acknowledge that I have voluntarily signed the above player's waiver and acknowledge that no oral representation, statement or inducements apart from the foregoing written agreement has been made.

YES! SIGN US UP!

We want to join TEAM Horizons Wellness Today!

TO INSTILL HOPE. CHANGE LIVES. BRIGHTEN FUTURES.

* Pre-Registration Required by 5:00 pm on June 29.

Please Check: Recreational Competitive
Co-Ed: Yes No

Registration: \$200 per team Check Enclosed

*Non-Refundable.

Please complete registration, enclose check & mail payment to:

Horizons // 819 5th St SE // Cedar Rapids, IA 52401

Team Name: _____

Sponsor: _____

Team Captain: _____

Captain's Email: _____



Questions? Contact Christy Aquino

319.398.3943 x1405 // caquino@horizonsfamily.org

Player 5 -- Name: _____

Address: _____

City // State // Zip: _____

Phone // Email: _____

*Player 5 Signature (Required): _____

T-Shirt Size: AS AM AL XL 2X 3X

Player 6 -- Name: _____

Address: _____

City // State // Zip: _____

Phone // Email: _____

*Player 6 Signature (Required): _____

T-Shirt Size: AS AM AL XL 2X 3X

Player 7 -- Name: _____

Address: _____

City // State // Zip: _____

Phone // Email: _____

*Player 7 Signature (Required): _____

T-Shirt Size: AS AM AL XL 2X 3X

Player 8 -- Name: _____

Address: _____

City // State // Zip: _____

Phone // Email: _____

*Player 8 Signature (Required): _____

T-Shirt Size: AS AM AL XL 2X 3X