Dodgeball Registration





\$50.00 entry fee per team Checks or Cash only Make <u>checks</u> payable to: United Way of MPM Due February 5, 2016

Release of Liability: by signing the lines signature below:

I hereby waive and release any and all rights and claims for damages I may have against the Muskingum Recreation Center, United Way of MPM Counties and Ohio University Zanesville, for any and all injuries which may be suffered in connection with my involvement in the Dodgeball tournament on February 18, 2016. I, also, waive and release any and all rights by my heirs, executors, and/or administrators.

TEAM CAPTAIN			
Last Name:	First Name:	Age:	
Address:	City:	State:	Zip:
Email:	Phone:	Female	☐ Male
Signature:		Date:	
Last Name:	First Name:		
Address:	City:	State:	Zip:
Email:	Phone:	Female	☐ Male
Signature:		Date:	
Last Name:	First Name:	Age:	
Address:	City:	State:	Zip:
Email:	Phone:	Female	☐ Male
Signature:		Date:	
Last Name:	First Name:	Age:	
Address:	City:	State:	Zip:
Email:	Phone:	Female	☐ Male
Signature:		Date:	

Last Name:	First Name:	Age:	
Address:	City:	State:	Zip:
Email:	Phone:	Female	☐ Male
Signature:		Date:	
Last Name:	_ First Name:	Age:	
Address:	City:	State:	Zip:
Email:	Phone:	□ Female	☐ Male
Signature:		Date:	
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	First Name:	· ·	
	First Name:City:	· ·	_ Zip:
Address:		State:	
Address:	City: Phone:	State:	
Address: Email:	City: Phone:	State: Female	
Address: Email:	City: Phone:	State: Female	
Address: Email: Signature: Last Name:	City: Phone:	State: Female Age:	□ Male
Address: Email: Signature: Last Name: Address:	City:Phone:	State: Female State:	□ Male Zip:

PLEASE MAIL OR DELIVER ENTRY TO:
Muskingum Recreation Center C/O Katie McNeil 1425 Newark Rd. Zanesville, OH 43701