



# RIVERVIEW HEALTH YOUTH DODGEBALL TOURNAMENT

AGES 15 AND UNDER

WEDNESDAY, AUG 17 | 5:00 PM

*Team check-in begins at 4:30 pm.*

## TEAM REGISTRATION FORM

TEAM NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY | STATE | ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

I have read and understand the general rules and instructions for the Ox Cart Days Tournament. I am entering this event at my own risk. I agree to waive all rights and claims for damages and/or injuries suffered in connection with my participation against RiverView Health, the Ox Cart Days Festival Committee, the Crookston Aquatic Boosters, and the City of Crookston, its departments, agencies, and associations. I also permit the free use of my name and/or photography in this event's broadcast or other accounts.

Brackets will be created for age divisions based on the oldest player's age once all registration forms have been received. The registration deadline is Wednesday, August 10.

## TEAM MEMBERS

Player Name	Player Age	Parent/Guardian Signature	Date
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____

Parent or guardian signature required for all players.

Teams are encouraged to design their own uniforms. However, any disrespectful or offensive uniforms or slogans will be disqualified.

**Team registration fee is \$40. Make checks payable to  
Crookston Ox Cart Days.**

**Return to: RiverView Health  
Attn: Carrie Bergquist  
323 S Minnesota Street  
Crookston, MN 56716**

## PRIZES

**1<sup>ST</sup> PLACE** \$100 Chamber Bucks  
**2<sup>ND</sup> PLACE** \$60 Chamber Bucks  
**3<sup>RD</sup> PLACE** \$40 Chamber Bucks