



North Central MO YMCA

6-on-6 DODGEBALL TOURNAMENT

NEW! For every REFERRAL on registration forms with your name, you will be given that number of entries into a \$100 drawing on day of tournament!

T-shirts to the winning teams!

Final Deadline: August 31

Tournament:

Saturday, September 7

Recruit Other Teams!

Estimated Tournament Times:

3rd/4th Gr:
9 - 10 am

High School:
12 - 1 pm

5th/6th Gr:
10 - 11 am

18-49yr:
1 pm

7th/8th Gr:
11am - 12 pm

50+yr:
2 pm

PRICING: \$10/per person (\$60.00 per team) / 6 player limit

PRE-FORMED TEAMS ONLY - Must organize own teams before registering!

FORMAT: Double Elimination Tournament - Each matchup in the tournament will be a *BEST 2 out of 3 SERIES* to advance!

BATTLE ROYALE: After the winner for a division has been determined, all eliminated participants will be welcomed to participate in an individual Battle Royale to determine one ultimate **GRAND CHAMPION** per division!



Please return registration form with payment to the YMCA by mail or in person.

(address located on bottom of this form / must be post-marked by deadline of registration)

Questions? Contact Tim Thomason at 660-258-2388; 660-734-1135; tim@ncmymca.org

DODGEBALL TOURNAMENT INDIVIDUAL REGISTRATION - Fall 2019

Name: _____ DOB: _____ Gender: _____ Grade: _____

School: _____ (if applicable) Cell Phone #: () _____ - _____

Address: _____ City: _____ Zip: _____

T-Shirt Size: YS 6-8 YM 10-12 YL 14-16 AS AM AL AXL

Team Name: _____ Team Color/Theme: _____

Team Captain: _____ Team Captain Cell Phone #: () _____ - _____

Division: **3rd/4th Gr.**
(Circle One)

5th/6th Gr.

7th/8th Gr.

High School

18 - 49 yrs.

50 yr. +



Insurance:

It is expressly understood that the North Central Missouri YMCA does not insure against, nor accept responsibility for, personal injury or property loss or damage to the participant which may be sustained as a result of his/her participation. Parents or legal guardians are responsible for medical care, treatment, and insurance for said participant.

Release/Waiver:

In return for allowing the above mentioned participant to play in the above mentioned youth sports program, the undersigned, to be legally bound, release and forever discharge the North Central Missouri YMCA, Grand River Area Family YMCA the Carroll County Area YMCA, their agents, representatives, successors, and assigns from any claims for damages, including any claims for loss, damages or injury to the participant's person or property arising out of the participant's performance or failure of performance. If the undersigned has doubts about the physical condition of said participant, a physical examination is recommended. In addition, the undersigned hereby authorizes any first aid, medical treatment deemed necessary in case of emergency for said participant during the above mentioned youth sports program and give permission for emergency treatment, x-rays, or surgery as recommended by the attending physician.

I / We assume full financial responsibility for any and all medical care for said participant. I give the North Central Missouri YMCA permission to take/post/use any photos/videos of the above listed participant.

X: _____ Date: _____ Amt. \$ _____ Rect. # _____

Parent/Legal Guardian Signature

REFERRED BY (Print Their Full Name!): _____

North Central MO YMCA, P.O. Box 403, 1140 West Helm St., Brookfield, MO 64628, 258-2388. www.ncmymca.org

