

**Five Points Washington Dodgeball Registration (Must be 16 or older)**

**Registration Fee: \$150 per team for up to 6 players. \$15/additional fee per player up to 10 players max per team. ( \$180 per team after September 27th )**

**Player Information**

**Team Name:** \_\_\_\_\_

(please print clearly)

**Team Captain: Player 1**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Age** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_

**Cell Phone:** ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

*Please Indicate Form of Pay*  
*Check # \_\_\_\_\_ / Cash / Credit*  
*Registration Fee \_\_\_\_\_*  
*Date Paid \_\_\_\_\_*

**Team Roster:**

		Age
Player 2:	Phone: _____	_____
Player 3:	Phone: _____	_____
Player 4:	Phone: _____	_____
Player 5:	Phone: _____	_____
Player 6:	Phone: _____	_____
Player 7:	Phone: _____	_____
Player 8:	Phone: _____	_____
Player 9:	Phone: _____	_____
Player 10:	Phone: _____	_____

As a participant in the Dodgeball Tournament, I assume all risks of possible injury involved through participation in this program and agree to hold harmless Five Points Washington.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_