All Saints' Episcopal Church
Fun In Fellowship Dodgeball Tournament

PLAYER REGISTRATION FORM - ADULT

☐ NEW PLAYER ☐ RETURNING PLAYER			☐ INDIVIDUAL ☐ TEAM (Name:)
Last Name			First Name
Mailing Address:			Phone:
Town	State	Zip	Emergency Contact:
Birthdate:		Age:	Emergency Phone:
Gender: ☐ Male ☐ Female Division:			Medical Insurance Carrier: (Not mandatory)
Organization or Team: (If applicable)			Physician Name:
Email Address:			Physician Phone:
How you heard of this event:			

RELEASE AND AUTHORIZATION

In consideration of my participation in the FIF Dodgeball program, I agree to the following:

EMERGENCY AUTHORIZATION:
I hereby authorize designated officials and personnel of the FIF Dodgeball Tournament program and All Saints' Church to provide, through a medical staff of its choice, medical and emergency services as warranted in the course of my participation in the FIF Dodgeball program.

DISCLAIMER, ASSUMPTION OF RISK, WAIVER & RELEASE:
I acknowledge that participation in dodgeball involves contact of some force with risk of physical injury including bruises, strained, sprained or torn muscles, tendons or ligaments and other injuries that may be associated with falls or collisions, and willingly and voluntarily accept and assume all such risk.

In consideration of accepting the registration and participation in the FIF Dodgeball program, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law, All Saints' Episcopal Church, its players, employees, volunteers, officials, sponsor and other representatives of the FIF Dodgeball Tournament from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result, while participating in the FIF Dodgeball program and tournament, including any physical or other injury caused by the negligence of any person or entity described above. I further acknowledge that the FIF Dodgeball program is administered by volunteers rather than paid professionals.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Hawaii and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK, WAIVER & RELEASE, AND I FULLY UNDERSTAND AND AGREE TO THE TERMS OF EACH, FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

_____ _____
Signature of Participant Date

OFFICE USE ONLY			
Deposit: ☐ Waived ☐ Cash ☐ Check	Amount:	Date Rcvd:	Initials:

All Saints' Episcopal Church
Fun in Fellowship
DODGEBALL

PLAYER ACKNOWLEDGMENT

This acknowledgment must be signed and turned in with your registration form in order for your entry to be valid and to participate in on-site practice sessions.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE FIF DODGEBALL RULES AND CODE OF CONDUCT. FAILURE TO DO SO MAY RESULT IN MY REMOVAL FROM ON-SITE PRACTICE SESSIONS AND/OR THE TOURNAMENT. I ALSO ACKNOWLEDGE THAT THIS IS A DRUG-FREE EVENT AND UNDERSTAND THAT ANYONE UNDER THE INFLUENCE OF ANY MOOD/MIND ALTERING SUBSTANCE INCLUDING ALCOHOL, WILL BE REMOVED FROM THE PREMISES.

I also give permission for FIF Staff to use my photo/video taken by the FIF Dodgeball photographer/videographer. Use will be limited to promotional and informational materials pertaining to FIF Dodgeball only.

Player Signature: _____Date _____

Printed Name: _____

Team Name: _____ Division: _____

Parent/guardian signature is required for minors (under 18) and may be used in lieu for children ages 10 & Under. Parent/guardian will be responsible for ensuring that the player understands the rules and consequences of this acknowledgment.

Parent/Guardian:_____Date _____

Printed Name: _____

Phone Number: _____