

When: Tuesday nights starting in January with tournament ending in or before March. Schedule will be available on December 28th (after 2pm) on our website at www.wahoo civiccenter.com.

League Format: League will be self-officiated and teams will play six matches plus a double elimination tournament (guaranteed 8 or more games total). Teams may play doubleheaders. Matches will be 6:30pm or later. Each match will have a 50-minute limit to ensure matches stay on time. Requested game times must be noted on this flyer. Not all requests may be accommodated. Team captains are responsible for reporting scores.

Registration: Now through December 26th (or until league is full.) If 4 or more teams are not registered by this date, the league will not be held with team registrations being refunded.

League Fees:

<u>Civic Center Member</u>	<u>Non-Member</u>
(More than 1/2 the team are CC members)	(Less than 1/2 the team are CC members)
\$100	\$125



League Director: Bob Schmidt, 443-4174, bob@wahoo civiccenter.com

2018 TEAM REGISTRATION FORM & PLAYER INDEMNIFICATION AGREEMENT

Realizing that I am playing for fun, recreation, and personal betterment, I hereby for myself, my heirs, personal representatives and assigns, waive and release any and all claim for injuries or damages of any kind of nature which I may have against the City of Wahoo, any supervisor, or assistant thereto, or anyone who organizes or causes this program to operate, their agents, representatives and assigns as a result of participation in any game or any participation in said sports program and indemnify the City of Wahoo, and all parties named herein against such claim or damages arising from such claims.

I hereby agree that supervisors or City of Wahoo employees shall not be liable for my injury or death as a participant in said Wahoo Parks and Recreation program which results from the negligence of any of the above listed individuals. I understand that the City of Wahoo assumes no legal or financial responsibility in case of accident or injury and I assume full responsibility for my medical expenses and waive all rights or causes of action, which I may have against the City of Wahoo and each of the persons named herein.

Participant	Address	Phone#	Signature
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

Team Manager: _____

Team Name/Sponsor: _____

E-Mail Address: _____

Phone #: _____

Parks and Recreation Hot Line (game cancellations)

443-4500

Web Site (league info and game cancellations)

www.wahoo civiccenter.com

Wahoo Parks and Recreation Department

443-4174

FOR OFFICE USE ONLY

Date Pd. _____ Cash Check Chk. # _____ Credit Card Amount Pd. _____ Staff Member _____