

Wahoo Parks and Recreation Department
2010 COUPLES SAND VOLLEYBALL TOURNAMENT



What/When: Couples (2-on-2) – Saturday, August 28th.

Tournament Format: Teams will compete in pool play followed by a traditional tournament. Both volleyball courts in Mead will be used. A 1-2 hour break will be used to allow for lunch and for the official bracketing of the tournament. Tournament champions will receive championship shirts.

Pool Play: Pool play will consist of pools of 4 or more teams. Pool play will be 2 games to 25 points.

Tournament Play: Seeds will be based on: Record, head to head, defensive points. Tournament play will be best two out of three games to 25.

Definitions: Couples – wife/husband or “significant others”

Registration Deadline: Tuesday, August 17th

League Fees: Civic Center Member or Non-Member
 Both are members
 or Mead Residents

Couples	\$20	\$35
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Tournament Director: Bob Schmidt, 443-4174, bob@wahoo civiccenter.com

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 manager, referee or assistant thereto, anyone who prepares a playing field for any practice session or any formal game, chaperones, sponsors or anyone who organizes or causes this program to operate, their agents, representatives and assigns as a result of any practice session or game or any participating 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 managers, referees, their assistants or anyone who prepares a playing field 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. _____	_____	_____	_____

Team Manager: _____ Team Name/Sponsor: _____

E-Mail Address: _____ Phone #: _____

FOR OFFICE USE ONLY

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