

**The Decatur Parks and Recreation, the Adams County Cancer Coalition, USW, any volunteers, any officials, Julie Bahrke, Jodi Mawhorr, any referees, any sponsors, or any of the tournament directors are not responsible for accidents.**

**REGISTRATION INFORMATION** – Must be completed by each team, team members must sign waiver before they can play

**TEAM CAPTAIN:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**TEAM NAME:** \_\_\_\_\_

**Waiver Signatures of Team Members (see item 11 above)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

10. \_\_\_\_\_ 11. \_\_\_\_\_ 12. \_\_\_\_\_

**Please return form to: Adams County Cancer Coalition 313 W. Jefferson  
#302 Decatur IN 46733 OR adamscountycancercoalition@gmail.com**