

FIRST ANNUAL WIFFLE BALL BASH TOURNAMENT

Date: September 23 & 24 - Where: Roemisch Fields - Willoughby Hills

REGISTRATION FORM

 7-10 Yr Old Division (Co-Ed Div Also) - \$50/Team

TEAM NAME _____
 Player 1 _____
 Player 2 _____
 Player 3 _____
 Player 4 _____
 Player 5 _____

 15-29 Year Old Division (Co-Ed Div Also) - \$80/Team

TEAM NAME _____
 Player 1 _____
 Player 2 _____
 Player 3 _____
 Player 4 _____
 Player 5 _____

 11-14 Year Old Division (Co-Ed Div Also) - \$70/Team

TEAM NAME _____
 Player 1 _____
 Player 2 _____
 Player 3 _____
 Player 4 _____
 Player 5 _____

 30 And Up Division (Co-Ed Div Also) - \$80/Team

TEAM NAME _____
 Player 1 _____
 Player 2 _____
 Player 3 _____
 Player 4 _____
 Player 5 _____

3 Man Teams - Up To 5 Players / No Base Running / Use Ghost Runners / 2- Pool Games Then Single Elimination Bracket
 Design Your Team Uniform or Wear Comfortable Clothing / Prizes Awarded For 1st and 2nd Place AND Best Team Name
 Full Concessions / Fun For The Whole Family.



All proceeds to benefit the boys and girls of WHBL Sports

Checks payable to: **Dugout Sports**
 Mail to: **Dugout Sports 35595 Curtis Blvd.**
Eastlake Ohio 44095



Release of Liability: I / We, the parents/guardian of the above, who is a candidate for a position in Willoughby Hills Baseball, hereby give my/our approval to their participation in any and all activities of the League. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, absolve, indemnify and hold harmless, the City of Willoughby Hills, Willoughby Hills Boys League, the organizers, sponsors, and supervisors, any or all of them. I/We hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting the participant to or from our activities. I/We will provide a certified birth certificate of the above named player upon request league officials. In case of injury, I/We the parents/guardian of the above named participant will assume full responsibility for claims resulting from injury. I/We further grant permission for medical treatment in the event of an emergency.

I acknowledge that I have read and fully understand the "Release of Liability" statement above.

Parent's / Guardian's Signature _____ Date _____
 Parent's / Guardian's Signature _____ Date _____

HAVE QUESTIONS. . . EMAIL US AT: thedugoutsportscomplex@gmail.com or whbbldirector@gmail.com
 or CALL Tom at: 440-749-0661
 Visit us also at: www.whblsports.com and Facebook