



Whiffle Ball

TOURNAMENT



Saturday, June 5, 2010

at **Players Choice of the Fox Cities**

Team Fee (includes 6 t-shirts) \$99 (if paid by May 1, 2010)
\$119 (if paid before May 21, 2010) • \$139 (if paid after May 21, 2010)
(Part of Proceeds will benefit Make-A-Wish Foundation of Wisconsin)

- At least 4 players needed for play in the field
- 6 players maximum in the hitting line up
- Played on 3 Outdoor Fields including PCFC Middlestead Mortgage Ballpark
- Guaranteed 3 Games (Games are 6 innings or a 1 hour time limit)
- Door Prizes - Raffle Prizes - Silent Auction
- Equipment Needed: None (PCFC has Whiffle Balls and Bats)
- Wear comfortable playing clothes (cleats are not suggested)
- Drink & food Specials, Special Guest appearances and more

Help PCFC support Make-a-Wish foundation of Wisconsin

NO CARRY INS ALLOWED • CONVENIENTLY LOCATED 1 MILE NORTH OF HWY 41 - OFF HWY JJ
Please fill in registration form below & mail with check or cash to Players Choice of the Fox Cities, LLC
W3035 Edgewood Trail • Appleton, WI 54913 • 920-731-7529 • www.pcfoxcities.com

2nd Annual Make-A-Wish Whiffleball Tourney

6-5-2010

Team Name: _____
 Team Captain: _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ (cell) _____
 E-mail _____

T-Shirt Sizes:
(Larges will be supplied if not sepcified below)

___ S ___ M

___ L ___ XL

PAYMENT TYPE (Mark below payment type) Make Checks payable to: *Players Choice*
 Cash Check # _____ Amount of Payment \$ _____

WE DO NOT ACCEPT CREDIT OR DEBIT CARDS - \$40 NSF Fee will be charged for returned checks
Waiver must be SIGNED to participate in activities.

TEAM ROSTER MUST BE FILLED OUT COMPLETELY, SIGNED AND SUBMITTED PRIOR TO THE START OF EACH SESSION.
 ANY ADDITIONS OR SUBSTITUTIONS MUST BE CLEARED BY THE LEAGUE DIRECTOR PRIOR TO PLAY.

1. Name (Captain) _____ D.O.B. _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____ Signature _____

2. Name _____ D.O.B. _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____ Signature _____

3. Name _____ D.O.B. _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____ Signature _____

4. Name _____ D.O.B. _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____ Signature _____

5. Name _____ D.O.B. _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____ Signature _____

6. Name _____ D.O.B. _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____ Signature _____

7. Name _____ D.O.B. _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____ Signature _____

8. Name _____ D.O.B. _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____ Signature _____

9. Name _____ D.O.B. _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____ Signature _____

10. Name _____ D.O.B. _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____ Signature _____

Team Roster/Waiver must be **SIGNED** by each participant. Children 17 & under need Parent or Legal Guardian signature.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

In consideration of being permitted to participate in any way in the activities ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin and/ or I/ THE MINOR'S PARENT AND/OR LEGAL GUARDIAN ACKNOWLEDGE, agree, and represent that I understand the nature of Activities and that I/The minor am/is qualified , in good health, and in proper physical condition to participate in such Activity. I/The minor further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. FULLY UNDERSTAND THAT: ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I/The minor incur as a result of my participation or that of the minor in the Activity. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Players Choice of the Fox Cities, LLC, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. Also, I waive(s) all rights to any photos taken for use in any Players Choice of the Fox Cities, LLC publication.

Participant's Signature (only if age 18 or over) or Parent/Legal Gardian: _____ Date: _____