

FallFest



Dodgeball Tournament

Saturday, October 6th

9 am - 12 Noon

In the gym

Holy Family Church

5410 Buffalo Gap Road

6th, 7th, 8th Grade Students
ONLY

5-on-5,

16-team single elimination tournament

Entry fee: \$5 per person

Prizes will be awarded to each player of
the 1st and 2nd Place teams

Deadline for Registration is:

October 3, 2007

Rules are posted on the website:

www.HolyFamilyAbilene.org

For more information call

325.692.1820

Good Luck!!!



6TH, 7TH & 8TH GRADE DODGEBALL TOURNAMENT
Registration and Liability Release Form
Entry Deadline: October 3, 2007

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this information carefully and be aware that in signing up and participating in this tournament, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with and associated with this activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this event, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I may sustain as a result of participating in any and all activities connected with or associated with this program/activity. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of participating in this activity against Holy Family, including their officials, agents, volunteers, employees, and sponsors.

I do hereby fully release and forever discharge Holy Family from any and all claims for injuries, damages or loss that I may have, or which may accrue to me arising out of, connected with, or in any way associated with this event.

Under 18:

- I understand the information above and hereby give my permission for my son/
daughter,

_____, (please print) to take part in the
Dodgeball Tournament fundraiser event at Holy Family on Saturday, October 7, 2006.

Parent Name (please print) *Parent Signature* *Date*

Player's name: _____ Date of Birth: _____

Name of Team you are participating with:

(5 people per team)

Home Phone #: _____

Emergency Contact name: _____ Phone: _____

- \$5 – Registration payment enclosed.

Please mail completed form with payment (cash or check only) to Holy Family, PO Box 5970, Abilene, TX 79608. You may also bring form and payment to the Holy Family office at 5410 Buffalo Gap Rd.

Entry Deadline: October 3, 2007