

# 2019 HARVEST DAYS



COED  
Mud Volleyball  
Saturday 8/17/19  
\$100/Team  
Check in at 9:00 am  
Double Elimination

COED 1 Pitch Softball  
Tournament  
Sunday, 8/18/2019  
\$200/team  
Check in at 9:00 am  
Double Elimination



## Home Run Derby

**2:00 pm 8/18/2019**

**Junior Division: 40 and under**

**Senior Division: 41 and older**

**\$10/person**



Receipt # \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_



## Platteville Recreation

Janet Torres, Recreation/Senior Director

Phone: 970-785-2245 x 1101

400 Grand Ave, Platteville, CO 80651

jtorres@Plattevillegov.org

# Harvest Day Mud Volleyball and 1 Pitch Softball Tournament Registration form

Registration is now open for the Harvest Days Mud Volleyball (8/17) and 1 Pitch Softball (8/18) Tournament. Registration will be on a first come first serve basis. Teams will be considered registered once this form and the fee has been received by Town of Platteville Staff. Space is limited so be sure to sign up ASAP!

Activity/Sport: \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Captain (this person will be the point of contact with the Town):  
\_\_\_\_\_

Phone: \_\_\_\_\_ Is this a cell phone: Y      N

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

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different) : \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Roster:

Player Name: \_\_\_\_\_ Gender: M    F

Player Name: \_\_\_\_\_ Gender: M    F

Player Name: \_\_\_\_\_ Gender: M    F

Player Name: \_\_\_\_\_ Gender: M    F

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Player Name: \_\_\_\_\_ Gender: M    F

Player Name: \_\_\_\_\_ Gender: M    F

Team Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Player Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Shirt Size: AS AM AL AXL AXXL

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

**IN CASE OF EMERGENCY CONTACT ( Different than above):**

Contact 1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the Participant have insurance: Yes No If yes, current insurance provider: \_\_\_\_\_

Pre-existing Medical conditions (Allergies, Asthma, etc....): \_\_\_\_\_

I, \_\_\_\_\_ intend to enroll in the following activity sponsored by the Town of Platteville and scheduled to take place during the time period indicated:

Activity/Sport: \_\_\_\_\_ Dates of Participation Fall Winter Spring Summer Year: \_\_\_\_\_

I give permission to be photographed and participate in media coverage (Circle one): YES NO

I, \_\_\_\_\_ understand the hazards, perils and potential injuries that may result from my participation in the above activity/event. I understand that all such activities pose the possibility of injury; and although remote- there is even a statistical possibility of permanent paralysis or death. I have been given the chance to ask questions of appropriate town personnel and volunteers concerning such risks and hazards, and acknowledge that any such questions have been satisfactorily answered. Having received sufficient information to make an informed decision, I hereby agree to assume all such risks and release the Town, its staff and volunteers from liability resulting therefore. This Waiver and Release of Liability is executed on behalf of me, my child and my heirs, person representatives, successors and assigns. **BY SIGNING THIS WAIVER AND RELEASE OF LIABILITY , I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ITS CONTENTS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Player Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Shirt Size: AS AM AL AXL AXXL

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

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