

# Fall Festival Cornhole Tournament

## 2017 Registration Form

*(Please Print Clearly)*



Team Member #1: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Team Member #2: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Team Name *(This is how your team will be listed on the Bracket)* \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Liability Waiver:** I agree to indemnify, defend, and hold harmless the City of Asheboro, its elected and appointed officials, representatives, and any employee or agent of the City of Asheboro from any and all claims on behalf of any person, firm, corporation, or agent, arising from the participation in this activity. I certify that I understand any dangers inherent to participation in this activity/activities and further state that the named minor is physically sound enough to participate. I hereby relieve the City of Asheboro, its elected and appointed officials, representatives, and any employee or agent of the City of Asheboro from any liability that occurs by my and/or my child's participation in this program.

X \_\_\_\_\_  
**Signature (Player #1)** **Date**

X \_\_\_\_\_  
**Signature (Player #2)** **Date**

X \_\_\_\_\_  
**Parent Signature Player #1 (If player is under the age of 18)** **Date**

X \_\_\_\_\_  
**Parent Signature Player #2 (If player is under the age of 18)** **Date**

**(For Office Use Only)**

Payment: Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Credit: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_