

# IRONMAN TOURNAMENT 2009 TEAM REGISTRATION

Captain/  
Contact Name: \_\_\_\_\_

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

Contacts  
Email Address: \_\_\_\_\_

Team Level:      Below      Above  
(Circle One)      Average      Average      Average

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Team Contact  
Phone #: (Day) \_\_\_\_\_

(night) \_\_\_\_\_

Amt.  
Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized  
Signature on Card: \_\_\_\_\_

CASH                       CREDIT CARD  
 CHECK                      Card # \_\_\_\_\_

CARD TYPE:  Visa     MC     Discover     AMEX  
Exp. Date: \_\_\_\_\_

**NO REFUNDS WILL BE GIVEN.**

**Please Read Carefully and sign the following Registration-Understanding/Waiver.**

In consideration for being allowed to participate in any way in GOODSPORTS USA athletic/sports programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with GOODSPORTS USA or it's staff while they/I am on the premises of GOODSPORTS USA. I acknowledge that at GoodSports USA, I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release GoodSports USA and its staff, from all liability for any claim for damages which I/the above named child may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above child are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above child requires medical care, I authorize GOODSPORTS USA to act for me and obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary. GOODSPORTS USA is not responsible for my personal belongings which are lost, stolen, or damaged. I agree to have all fees paid in full before the first game. I further understand that I should be aware of my/the above named child's physical limitations and agree not to exceed them. I agree to review the rules and inspect the facilities and if I believe it is unsafe I will advise his or her coach and refuse to participate.

Sign: \_\_\_\_\_ Print Name: \_\_\_\_\_

- **Please mark which tournament(s) you are registering for**
- **Use one form per team. Please contact us for additional forms if needed.**

JUNE 27TH TOURNAMENT                       JULY 25TH TOURNAMENT

*(If registering for both tournament dates please check both boxes)*

## **REQUESTS:**

*GoodSports will try to meet all of your scheduling requests but we cannot guarantee your request.*

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