

## Adult League Dodgeball Application

\*Complete one application for each team member

NAME ( <i>Please Print)</i>		TEAM NAME	
PHONE#	CELL #	EMERGENCY #	
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS ( <i>PLEA</i>	ASE PRINT)		

## WAIVER/RULES

MEDICAL INFORMATION

I understand and agree that the registration fee is non-refundable. I understand that Buncombe County Recreation Services (hereinafter "BCRS") reserves the right to cancel any game that does not begin at its scheduled time for any reason. I give permission to BCRS staff to seek medical attention and authorize medical attention necessary in the case of an accident, injury, or illness. I will be responsible for all costs or medical attention and treatment.

I further covenant and agree for myself, my heirs, executors/administrators, successors and assigns to hold Buncombe County Recreation Services and its staff, officers, agents, employees, representatives, and successors and assigns harmless from any and all damages, claims or demands of all persons, firms and corporations from any personal injury or damage to property that I might suffer arising out of or in connection with my use of Buncombe County and BCRS facilities and premises which may be sustained or occur or be connected, in any way, with my participation in any Buncombe County Recreation Services Leagues.

• You must be at least 18 years old to participate.

## I have read and understand the rules.

Signature

Date

- \$175.00 Per Team Fee (Includes Dodgeballs, and Building Usage Fee)
- \$30.00 Per Player Fee (Includes Dodgeballs, and Building Usage Fee)

Make Checks Payable to: Buncombe County Recreation Services