

2017 North American 4 X 4 Floorball Championship Adult Registration Form



TEAM NAME: _____ **Shirt Color:** _____

CAPTAINS NAME: _____ **CONTACT #** _____

ADDRESS: _____ **Referee Name:** _____

E-MAIL: _____

Division: Advanced / Intermediate/Recreation (Circle one)

PAID:
\$100

PLEASE MAIL ROSTER AND \$100 TEAM FEE TO:
TOMAH PARKS AND RECREATION
819 SUPERIOR AVE
TOMAH WI 54660
REGISTRATION DEADLINE MARCH 17
Questions contact 608-374-7445 or jprotz@tomahonline.com

PLAYER NAME	PHONE NUMBER

READ CAREFULLY: As manager/representative of the above stated adult sports team, I hereby attest and witness that the above stated members of the team roster have of their own free will elected to participate in this years **Floorball Tournament**. In addition, the above stated members of the team and all persons associated with your team understand that the stated activity, like most physical/athletic activity, has some degree of inherent risk involved. Furthermore, all participants are in good physical condition appropriate for the stated activity and that the above participants must assume full responsibility for personal injury incurred while taking part in the league. (This also involves going to site/leaving for home during the dates of the league/ tournament. **No Accident insurance is provided through the City of Tomah.**

SIGNATURE OF TEAM MANAGER/REP.: _____ **DATE:** _____