2017 SAND JAM CO-ED BEACH VOLLEYBALL TOURNAMENT REGISTRATION

| Primary Contact Name: | | | |
|---|--|--|---|
| Address: | | | |
| City: | State: | Zip: | |
| Phone Numbers: | | | |
| Email: | | | |
| Team Name: | · | | |
| Division: (Select adult division | or youth division followed by type of team | n) | |
| Adult (18 and olde | r) Sat. Aug. 5 th from 8AM-2PM | | |
| ☐ 2x2 Co-ed Team | ☐ 4x4 Co-ed Team | | |
| Youth (17 and you | nger) Fri. Aug. 4 th from 6PM-9PM | | |
| ☐ 2x2 Co-ed Team | ☐ 4x4 Co-ed Team | | |
| Fee = \$20 per person (\$40 per | r 2x2 team / \$80 per 4x4 team) | | |
| | Waiver and Release of Liab | ility | |
| Participants must sign the waiver and release of liability form and submit this form to be eligible to participate. Legal guardian must sign on behalf of youth participants. | | | |
| Disclaimer: The Town of Atlantic Beach is a in any way involved in the "2017 Sand Jam negligence on the part of the Town of Atlant possible danger involved, and hereby agree this form and fully understand that by signin ordinary negligence of the Town of Atlantic | Co-Ed Beach Volleyball Tournament" for tic Beach, its agents or employees. I am porto to accept any and all inherent risks of propage this form, I am giving up legal rights an | any reason whatsoever, articipating in this activity perty damage, personal in | including ordinary y with knowledge of the njury and death. I have read |
| Participant Name: | | Date: | |
| Participant/Guardian Signature: | | Date: | |
| Participant Name: | | Date: | |
| Participant/Guardian Signature: | | | |
| Participant Name: | | Date: | |
| Participant/Guardian Signature: | | | |
| Participant Name: | | Date: | |
| Participant/Guardian Signature: | | | |
| Form and payment by mail: | | ivery of form and pa | yment: |
| Town of Atlantic Beach PO Box 10, Atlantic Beach, NC 28512 | Town of Atla 125 West For | ntic Beach t Macon Rd, Atlantic | Beach, NC 28512 |

For more details: www.atlanticbeach-nc.com