



2017 YMCA Dodgeball Tournament

Saturday, January 28th 11am to 3pm

Registration deadline: Monday, January 9, 2017

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Email: _____

Teams will be made up of 6 players. However, you will be able to have up to 4 subs totaling 10 players on a team.

Please check the following:

Coed Team All Male Team
 Team Fee \$600
 Individual Fee \$100

Player's Names

1. _____ 7. _____
 2. _____ 8. _____
 3. _____ 9. _____
 4. _____ 10. _____
 5. _____
 6. _____

Sponsorship Levels

Tournament Name Sponsor (1 Available) \$5,000

Includes 3 full teams as well as, have your name or your company's name on the entrance to the gym as well as on all signage and publicity for the event

Court Name Sponsor (2 Available) \$2,500

Includes 2 full teams as well as, side court naming rights, including prominent court signage and recognition during the event

Platinum Sponsor \$1,500

Includes 1 full team as well as a banner placed in the gym during the event

***Please send JPG Logo to lgallucci@gwymca.org**

Credit Card

Credit Card Number: _____ Name on Card: _____

Exp. Date: _____

Please make checks payable to :

YMCA of Greenwich
50 East Putnam Avenue
Greenwich, CT 06830 Attn: Laura Gallucci

WAIVER

I understand that the Greenwich Family YMCA assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program and the use of any equipment, exercise or other activities. I expressly acknowledge that I assume on behalf of my heirs and myself the risk for any and all injuries and illnesses, which may result from my participation in these activities. I hereby release the Greenwich Family YMCA, its officers, directors, members, employees and agents from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. In an emergency, I authorize the Greenwich Family YMCA to administer first aid by trained staff and to obtain emergency medical treatment for any person listed on this application. I accept responsibility for all fees incurred in the care and transportation. I understand that the Greenwich Family YMCA is not responsible for personal property lost or stolen while members and/ or program participants are using YMCA facilities or on YMCA premises. I give my permission to the Greenwich Family YMCA to use, without limitation or obligation, photographs, film footage or tape recordings that may include my image or voice for promoting or interpreting YMCA programs. I acknowledge the Waiver and accept the Membership Conditions set forth above and in the Program Brochure and being in sympathy with the goals and purposes of the YMCA, hereby apply for membership I/we agree to abide and to require and such family members and guest to abide by all rules and policies established by the Greenwich Family YMCA

Signature: _____ Date: _____

* All Participants will need to fill out a Waiver the day of the event. *