



2016 Bell Memorial Scholarship Fundraiser

Registration form for Tournaments

Location: Doyle Softball Complex, Benedict Rd, Pittsfield

Date: Saturday, August 13, 2016 (rain date August 14)

- Tournament: Softball Home Run Derby (3 players per team, \$20.00 per team/\$1.00 per extra out)
 Softball Home Run Derby (individual player(s), \$10.00 per player/\$1.00 per extra out)
 Wiffle Ball (3 to 5 players per team, \$25.00 per team)

Checks should be made out to "Bell Family Education Fund"

Mail registration & check to: Bell Family Education Fund, 21 Sherrill Ave, Pittsfield, MA 01201

Team Name: _____ Extra Outs for Derby: _____ (max 10 per player)

Player Name	Age	Signature of player/ parent/guardian for waiver **
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Wiffle only

~ Divisions/brackets to be determined by registrations received, suggested ages are 10-12, 13-15, adult, and mixed/family. ~

We will contact each team with approximate start times when brackets are finalized.

Primary contact name: _____ phone _____ email _____

How did you hear about the fundraiser? Facebook Friend/Family Other: _____

** Waiver (signature next to each player's name indicates consent to waiver)

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.