

SEYMOUR OSMAN COMMUNITY CENTER & YOUTH SAFE HAVEN

2016 Dodgeball Tournament

Team Name					
Participant Name			Sex	Date of Birth	
Address				Grade	
Email				Phone Number	
Emergency Contact				Phone Number	
	Division (circle one):	ES	MS	HS	Adult

Please attach your registration fee. \$10 per team or \$2 per player prior to February 5, 2016; \$15 per team or \$3 per player after February 5, 2016. Please make checks payable to Seymour Osman Community Center. Mail registration to the Seymour Osman Community Center, 62 Whittier Street, Dover, NH 03820. Registrations can be dropped off at the Seymour Osman Community Center, located at 40 Hampshire Circle, Dover, NH 03820.

For questions and more information, contact Stacey at skearns@doverhousingauthority.org.

AGREEMENT REGARDING RISK OF INJURY AND RELEASE AND WAIVER OF ALL CLAIMS

I agree to follow all posted rules of the tourna	ament.	Initials:	
I agree to display good sportsmanship.		Initials:	
I do hereby release and forever discharge the Dover Housing Authority, from any and all act damage, loss or injury sustained by participat	tions, causes of actions, claims a	and demands for, upon or by reason of any	
Signature (I am at least 18 years old)		Date	
Participant,	, is less than 18 years old. I sign this release on his/her behalf,		

and hereby agree to indemnify and hold harmless tournament organizers, sponsors, agents, or representatives, from any loss, damage, or expense sustained or incurred by them arising from any claim, cause of action or liability which may be brought by my minor child.

Signature (Parent or Guardian)

Date