

TOURNAMENT APPLICATION

**4th Annual
Wiffle Ball Tournament
to benefit
The Timothy O'Connell Foundation**

All ages are welcome!

**Saturday, May 13, 2017
Holliston High School
10 am First Pitch, 9:30 am Check In**

Individual Sign-Up Fee of \$20.00 (See TEAM & FORMAT information below**)**

**Please make checks payable to “The Timothy O’Connell Foundation.” Mail checks/completed application form to:
The Timothy O’Connell Foundation Wiffle Ball Tournament
c/o Joanne O’Connell
35 Erin Way
Holliston, MA 01746**

If you have any questions, please contact **Ben Dooley** at **ben.d1999@yahoo.com** or **774-279-4644**.

*****Please complete this sign-up form INDIVIDUALLY, but please register as a TEAM of FOUR to SIX players. Teams will be placed in brackets based on age and will play a double-elimination style tournament. Game format and rules will be explained prior to commencing play at the Tournament. Teams are encouraged to wear “uniforms”. The first 20 teams to register will receive Tournament T-Shirts!**

Name (First and Last): _____ Gender: M F Age on May 13, 2017: _____

*****TEAM NAME: _____ Team Contact Person: _____**

T-shirt size (subject to availability; all sizes adult): S M L XL Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: (Guardian if under 18) _____

RELEASE: I, for myself, my heirs, executors and administrators, waive any and all rights and claims for damages I have against the tournament organizers, The Timothy O’Connell Foundation and their respective successors, representatives and agents for any and all injuries, damages or losses suffered by me in any way relating to the tournament. I acknowledge that the tournament and related activities involve the potential for death, serious injury, and property loss, including those caused by facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, and/or organizers of the tournament and related activities. These risks are inherent to participants, including (as applicable) my minor child. I understand while participating in the tournament, I (or my minor child) may be photographed. I agree to allow my (or my minor child’s) photo, video, or film likeness to be used for any legitimate purpose by the tournament sponsors, organizers, and assigns. This release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Tax ID Number: 26-2636160

NOT A SCHOOL SPONSORED EVENT