



2014 BriStrong Softball Tournament
PLAYER INFORMATION & RELEASE FORM
(All blanks must be completed and waiver must be attached)

Name in Full: _____

Team Name: _____ Team Manager Name: _____

Male _____ Female _____ Date of Birth: _____ Age _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Relation: _____

Emergency Contact Phone Number: _____

Waiver and Release of Liability

PLEASE READ AND UNDERSTAND BEFORE SIGNING. ALL BLANKS MUST BE FILLED IN PRIOR TO SIGNING. SIGNING OF THIS WAIVER AND RELEASE OF LIABILITY IS A CONDITION WHICH MUST BE MET PRIOR TO ANY PARTICIPATION IN THE ACTIVITIES PROVIDED TO YOU BY BRISTRONG SOFTBALL TOURNAMENT.

I, _____, intend to enroll and participate in the Bristrong Softball Tournament on September 20th, 2014.

I acknowledge that I have received a satisfactory understanding of the hazards, perils and potential injuries that may result from any participation in the above activity/event.

I understand that all such activities pose the possibility of injury; and although remote, there is even a statistical possibility of permanent paralysis or death.

I have been given the chance to ask questions to appropriate contact persons concerning such risks and hazards, and acknowledge that any such questions have been satisfactorily answered.

Having received sufficient information to make an informed decision, and, in consideration for permission to participate in this activity, I hereby agree to assume all such risks and release the Bristrong tournament, its volunteers and personnel from any liability resulting there from.

This Waiver and Release of Liability is executed on behalf of myself and my heirs, personal representatives, successors and assigns.

BY READING THIS WAIVER AND RELEASE OF LIABILITY, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS.

Date

Participant Signature

Print Name



2014 BriStrong Softball Tournament Co-Ed League Information

Tournament Date

Games begin on **Saturday, September 20th at 8:00 AM** (registration will be open at 7:00 AM)

Entrance Fees

Registration Fees (must be registered by **September 6th**) :

One Player	\$35
Two Players	\$65
Team	\$350

Early Bird Fees (must be registered by **August 15th**):

One Player	\$30
Two Players	\$60
Team	\$300

Rules/Inclusions

- Co-Ed; teams may be comprised of a maximum male-to-female ratio of 7:3, although an equal division is preferred
- Double elimination (two games guaranteed)
- Mulligan Style (you may purchase an unlimited amount of "Mulligan Chips" for \$5 each from the merchandise booth, which can be used to purchase an extra out or at any point during a game in play)
- One home run per team, per game (you may purchase an unlimited amount of chips for \$5 each from the merchandise booth, which can be used to purchase an extra homerun or at any point during a game in play)
- Teams may bat up to 12 players
- Lunch will be included in each single (or each team player) registration fee
- Single registrants will be added to a team of other single registrants. In the event that we do not get enough single registrants, we will add players to previously formed teams.

- All registrants must be **16 YEARS OF AGE OR OLDER**
- In the event that we come across inclement weather, 50% of your entrance fee will be refunded.

TWO WAYS TO REGISTER:

1. Online Registration:

Please EMAIL the following to annualbristongtournament@gmail.com:

- TEAMS:
 - Completed team registration form (we will have each team player fill out the attached release form prior to their first game)
- INDIVIDUALS:
 - Completed player release form

Please pay your registration fee through PayPal by following these steps:

- Log in to Paypal and click on the link to “send money to a friend”
- Enter the annualbristongtournament@gmail.com email address into the box, enter in the amount to be paid and click next, and then send.

2. Mail:

Please MAIL the following to the BriStrong Softball Tournament (address below):

- TEAMS:
 - Completed team registration form (we will have each team player fill out the attached release form prior to their first game)
 - Check or Money Order for the appropriate registration fees (made payable to *Brianna Richardson— subject line BRISTRONG TOURNAMENT*)
- INDIVIDUALS:
 - Completed player release form
 - Check or Money Order for the appropriate registration fees (made payable to *Brianna Richardson— subject line BRISTRONG TOURNAMENT*)

Questions/Comments/Concerns

For additional information, please contact Katie Richardson at:

Email: annualbristongtournament@gmail.com

Phone Number: 303-746-1224

Facebook: First-Annual-BriStrong-Softball-Tournament

Address: Bristong Softball Tournament
10597 W 107th Ave
Westminster, CO 80021

***THANK YOU FOR YOUR CONTINUOUS SUPPORT AND YOUR HELP IN
MAKING THIS EVENT A SUCCESS!***



2014 *BriStrong* Softball Tournament

TEAM INFORMATION

Team Name: _____

Team Contact Person: _____

Contact Phone Number: _____ Contact Email: _____

Print Players Name	Phone Number	Signature	M/F	Waiver
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				