# Registration Form

By providing my signature, and in consideration of acceptance of this form, I hereby, for myself, my administrators and my heirs, assign, waive and release any and all rights for claims and/or damages I have against the organizers of this event, their associates and/or representatives. I will maintain a high level of sportsmanship. I will refrain from bringing glass containers, alcohol and illegal drugs to the park as they are prohibited. I also allow myself to be photographed for publicity purposes. Helmets are strongly encouraged for participants under the age of 18. Rules and regulations are available in-person or online at www.schreiberpediatric.org.

Team Name | Team Captain's Name

Participant Name | Age | T-shirt Size

Address | City | State | Zip

Email Address | Mobile Phone #

Signature | Parent/Guardian Signature (if participant is under 18)

| Sponsor Name/Address | Amount | Cash or Check | Paid |
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