2017 Dodgeball Madness Team Captain Registration Instructions

1. Please complete all information requested and send completed form with your team registration fee to:

   Mail:  Special Olympics Delaware
          619 South College Avenue
          Newark, DE  19716

   Fax:    302-831-3483

   Email: cplummer@udel.edu

The team registration form and your entry fee must be received by Friday, March 10, 2017

Payment can be made in the form of a check (made out to Special Olympics Delaware), cash, or credit card.

2. The entry fee is $50 per player. Minimum age to participate is 16 years old. Teams must consist of a minimum of six players, with a maximum of 8 players. As such, total team entry fees will be either $300, $350 or $400 per team depending upon your number of players.

3. Event updates and overall communications will be in the form of e-mail directly to the Team Captain. It is the Team Captain’s responsibility to pass pertinent information along to their team members. Please print your email address clearly to ensure proper communication will occur.

4. Please bring signed Participant Waiver Forms to the event. If team members are under the age of 18 – a parent or guardian signature is required on the form. Remember, team members must be 16 or older to compete.

5. Games will be played by the rules established for the Dodgeball Madness tournament. These rules can be accessed via our website at www.sode.org (click on the Dodgeball Madness logo).

6. If you have any questions – please contact Corinne Plummer at 302-831-4796 or via e-mail at cplummer@udel.edu

Thank you for supporting the athletes of Special Olympics Delaware by fielding a team for our Dodgeball Madness Tournament.
All proceeds benefit Special Olympics Delaware

2017 Dodgeball Madness Team Registration Form

Team Name: _______________________________________________________

Team Captain: _____________________________________________________

Mailing Address: ___________________________________________________

Street

City ___________________ State _______ Zip __________

Phone (cell) ___________________ (work) ___________________

E-mail ___________________ Is your team co-ed? ☐ Yes ☐ No

Is your team affiliated with any of the following? Check all that apply:
☐ Law Enforcement    ☐ Fire Department    ☐ Other (Please specify): __________________________

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<th>Event T-Shirts</th>
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<th>Medium</th>
<th>Large</th>
<th>X-Large</th>
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Each team member (6 min, 8 max) is entitled to an event t-shirt. Additional t-shirts may be purchased at a cost of $10/ea.

Payment ($50 per player): ☐ Cash
☐ Check payable to SODE
☐ Charge M/C, Visa, Discover
Account # ______________________
Exp Date _________

Send the completed form with team registration fee to:
Special Olympics Delaware
619 South College Avenue OR FAX: 302-831-3483
Newark, DE 19716-1901

This form and team fee must be received by Friday, March 10, 2017
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2017 Dodgeball Madness Participant Waiver Form

Name ______________________________  Dodgeball Team Name ______________________________

Street ______________________________  City ____________  State ____________  Zip ____________

Phone ______________________________  E-mail Address ______________________________

Waiver and Release

In consideration of participating in Dodgeball Madness 2017, I represent that I understand the nature of the event and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such event. I acknowledge that the event conditions to be unsafe, I will immediately discontinue participation in the event.

I fully understand the event involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the ‘releasees’ named below; and that there may be other risks not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the event.

I hereby release, discharge, and covenant not to sue Special Olympics Delaware, Special Olympics, Inc., and/or their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessees of premises on which the Activity takes place, (each considered one of the ‘releasees’ herein) from all liability, claims, demands, losses, or damages on my account and/or that of my minor child caused and alleged to be caused in whole or in part by the negligence of the ‘releasees’ or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child’s behalf, makes a claim against any of the ‘releasees’, I will indemnify, save and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

Print Participant Name ______________________________

Participant Signature ______________________________  Date ____________

If under 18, Signature of Parent/Guardian ______________________________  Date ____________

All team members will need an accurately filled out and signed waiver form before participating in the event.

presented by
**Dodgeball Madness**

All proceeds benefit Special Olympics Delaware

**TEAM ROSTER**

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<tr>
<th>Captain’s Name</th>
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<th>T-shirt Size</th>
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For Team Captain Use Only