

**FRONTIER DAYS TEEN VOLLEYBALL TOURNAMENT  
REGISTRATION FORM 2023**

**SATURDAY, JULY 1**  
**ENTRY DEADLINE: FRIDAY, JUNE 30**

**TEAM NAME:** \_\_\_\_\_

**TEAM CONTACT:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**CIRCLE ONE:      HIGH SCHOOL      MIDDLE SCHOOL**  
**CO-ED TEAMS OF 6-10 PEOPLE.    MUST HAVE AT LEAST 2 GIRLS**

**WAIVER AND REGISTRATION**

In consideration of my registration being accepted in the Frontier Days Teen Volleyball Tournament, I, intending to be legally bound, do hereby, for myself, my heirs, my executors and assigns, release and forever discharge any and all rights and claims for damages I may hereafter accrue to me against Frontier Days, Inc., Arlington Heights Park District, the Village of Arlington Heights, its or their respective officers, agents, representatives, volunteer organizers, volunteer staff members, successors, assigns, and sponsors for any and all damages which may be sustained and suffered by me in connection with my association with, entry, or participation in the Frontier Days, Inc., Teen Volleyball Tournament.

Player #1:    Name: \_\_\_\_\_                      Address: \_\_\_\_\_  
                    Birth Date: \_\_\_\_\_                      Parent Signature: \_\_\_\_\_

Player #2:    Name: \_\_\_\_\_                      Address: \_\_\_\_\_  
                    Birth Date: \_\_\_\_\_                      Parent Signature: \_\_\_\_\_

Player #3:    Name: \_\_\_\_\_                      Address: \_\_\_\_\_  
                    Birth Date: \_\_\_\_\_                      Parent Signature: \_\_\_\_\_

Player #4:    Name: \_\_\_\_\_                      Address: \_\_\_\_\_  
                    Birth Date: \_\_\_\_\_                      Parent Signature: \_\_\_\_\_

Player #5:    Name: \_\_\_\_\_                      Address: \_\_\_\_\_  
                    Birth Date: \_\_\_\_\_                      Parent Signature: \_\_\_\_\_

Player #6:    Name: \_\_\_\_\_                      Address: \_\_\_\_\_  
                    Birth Date: \_\_\_\_\_                      Parent Signature: \_\_\_\_\_

Teams with more than 6 players may complete 2 forms. No player may participate without parent's signature. Please return completed form to Frontier Days office at Recreation Park. Any questions, call Morris Minuskin @ 224-202-0789.