



**FRONTIER
DAYS
FESTIVAL**

ADULT VOLLEYBALL TOURNAMENT

**JOIN US AT FRONTIER DAYS FESTIVAL FOR AN
ADULT VOLLEYBALL TOURNAMENT**

ON

**SUNDAY, JULY 6
12:00pm – 3:00pm
CHECK-IN AT 11:30am
ON THE BASEBALL FIELD**

COME FOR A GREAT TIME WITH FRIENDS!!

EQUIPMENT IS FURNISHED

**FRONTIER DAYS ADULT VOLLEYBALL TOURNAMENT
REGISTRATION FORM**

TEAM NAME _____ **PHONE:** _____

TEAM CONTACT NAME: _____ **PHONE:** _____

CO-ED TEAMS OF 6-10 PEOPLE. MUST HAVE AT LEAST 2 WOMEN

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: _____

Signature: _____

Player #2: Name: _____ Address: _____

Signature: _____

Player #3: Name: _____ Address: _____

Signature: _____

Player #4: Name: _____ Address: _____

Signature: _____

Player#5: Name: _____ Address: _____

Signature: _____

Player #6: Name: _____ Address: _____

Signature: _____

You can submit this form by email to sports@frontierdays.org.