



# **IOP 22<sup>nd</sup> Annual Half Rubber Tournament**

**Isle of Palms Recreation Department**

## ***Registration Form***

**GAME DAY: August 22, 2020 (NO DAY OF REGISTRATION)**

**Team Name:** \_\_\_\_\_

**Participants:** (please list the team captain first) **PLEASE COMPLETE FORM IN FULL**

**Name:** \_\_\_\_\_ **Address (city, state & zip):** \_\_\_\_\_ **Phone #/email** \_\_\_\_\_ **Signature:** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

***Please register by August 14, 2020***

Three (3) or Four (4) person teams

The fee is \$25.00 per person.

***Deadline to Register: August 14, 2020 - Must have registration and payment turned in by August 14, 2020 in order to participate***

Upon acceptance of my entry, I for myself, my heirs & assigns, hereby release the sponsors, officials, city employees and volunteers of the Half Rubber league (Tournament) from any & all liability arising from illness, injury, or death I may suffer as a result of my participation in this event. I attest that I am physically fit & have sufficiently trained for this event and I am aware that my participation could, in some circumstances, result in physical injury. Should officials determine that completion of this event would be injurious to my health, I consent to be removed. I also understand that the entry fee is NONREFUNDABLE.

**Isle of Palms Recreation Department**

**PO Box 508**

**Isle of Palms, SC 29451**

**(843) 886-8294 Fax (843)886-9857**

**T-shirt size:** Med \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large \_\_\_\_\_