

Fabulous FIVES - Registration Form

Date of birth

Age

Grade in school

Name

School Attending

E-mail:

Emergency Information

Contact Name: _____

Contact Phone Number: _____

Insurance Provider: _____

Policy Number: _____

I give my permission for _____ to participate in the All Day Ultimate Tournament that will be held on Saturday, December 12th, 2009, from 1pm-6pm at Travis High School.

I understand that Texas, Ultimate! does not provide accident and hospitalization insurance, and there is some inherent risk or danger in participating in Ultimate activities. I do not hold Texas, Ultimate! liable for accident or injury resulting from participation in the all day tournament. Further, I give Texas, Ultimate! permission to use my child's image in it's promotional materials including, but not limited to our website. I understand my child's name will never be used in conjunction with their image.

Cost is \$16 per player. Each player receives a Team Jersey, nutritious snacks, and a full day of Ultimate!

Mail completed registration and payment to: Texas, Ultimate! PO Box 3567 Austin, TX 78764-3567 or bring paperwork to the tournament. Checks may be made to TEXAS, Ultimate! *

***Sponsorship us available for those players needing financial assistance. Please do not let the cost of the day prevent ANY player from participating.**

Signature of Parent/Guardian

Date