



WAUSEON RECREATION

1st annual Warrior Wings Wiffle Ball Tournaments

Age divisions: 9-10, 11-12, Jr Hi, & HS

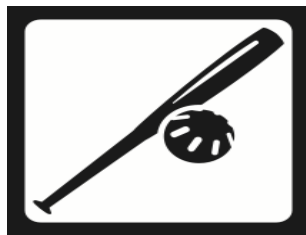
(Age as of May 1, 2024 and grade during the 2023-24 school year)

Tuesday July 16 & Wednesday July 17, 2024
@ DOROTHY B. BIDDLE PARK WAUSEON, OH

REGISTRATION DEADLINE: Friday, July 12, 2024

ENTRY FEES: \$100 per team (5 players per team)
3 GAME GUARANTEE (WEATHER PERMITTING)

★ TEAM TROPHIES FOR 1ST & 2ND PLACE ★
★ OFFICIALS WILL OVERSEE EACH GAME ★



Contact: HUGO BARAJAS 419-335-8334 hugo.barajas@cityofwauseon.com
MAKE CHECKS PAYABLE TO: WAUSEON RECREATION ASSOCIATION (WRA)

MAIL REGISTRATION FORM & FEE TO: WAUSEON RECREATION, 230 CLINTON STREET, WAUSEON, OHIO 43567 ****SPOTS IN TOURNAMENT ONLY GUARANTEED WITH RECEIPT OF FORM & FEE** & WRA RESERVES THE RIGHT TO MAKE CHANGES TO TOURNAMENT FORMAT AT ANYTIME****

Pick up forms at the Recreation Office or Warrior Wings restaurant. Then turn in completed forms and payment to the Wauseon Recreation Office. 765 E. Linfoot St., Wauseon if its more convenient.



Registration Form

Division: _____

Team Name: _____

Player #1: _____ Age/Grade: _____

Player #2: _____ Age/Grade: _____

Player #3: _____ Age/Grade: _____

Player #4: _____ Age/Grade: _____

Player #5: _____ Age/Grade: _____

I recognize that the City of Wauseon, Wauseon Recreation Association, and any of its co-sponsors including other entities, their employees or agents, assume no responsibility for myself or my child. I will assume all risks may arise from this participation. I also hereby waive any claims against the City of Wauseon, the Recreation Association, its co-sponsors, their departments, officers, employees or agents from any injuries or loss that may arise from participation. In the event a reasonable attempt to contact me is unsuccessful, I hereby give my consent for transportation of the above participant for medical treatment. This release includes off-site transportation of program participants to and from city facilities, for related field trips, and programmed activities. I acknowledge that I retain to assert any claims that arise from the gross negligence or misconduct of the City of Wauseon, the Wauseon Recreation Association, or any of its co-sponsoring entities, their officers, employees or agents. Further, I grant permission to all the foregoing to use my and/or my children's name, voice and images in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of recreation events for legitimate purposes.

RESPONSIBLE PARTY SIGNATURE

EMAIL

DATE