



IOP 19th Annual Half Rubber Tournament

Isle of Palms Recreation Department

Registration Form

GAME DAY: August 12, 2017 (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 4, 2017

Three (3) or Four (4) person teams

The fee is \$25.00 per person.

Deadline to Register: August 4, 2017- Must have registration and payment turned in by August 4, 2017 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 _____