



Community Cancer Services COED Volleyball Tournament 1st ever Spike Out Cancer Tourney



This is the first ever Spike Out Cancer volleyball tournament to be held at the Bonner County Fairgrounds the week after the Sandpoint Rec co-ed season ends. Tournament will be Monday, Tuesday and Thursday, March 22, 23rd and 25th.

It will consist of a pool play format with 4 teams in each pool. So each team will play 3 rounds in pool play. Best of 3 games, first 2 games to 25, no cap, third game to 15, no cap. Then the top two teams will go into a Championship single elimination tournament, the other two teams will be in the Consolation bracket. Should be fun.

ALL teams will get a minimum of 4 matches for a total fee of \$120, with proceeds to benefit the Community Cancer Services, 1215 Michigan Street, Suite B, Sandpoint, Id 83864 CCS... formally Heather's House ... (208) 255-2301.

REGISTRATION DEADLINE: Tuesday, March 16th

Total FEE: \$120.00 / TEAM Limited to the first 12 teams. Contact, David Broughton 208 290-6577

TEAM NAME _____ **TEAM CAPTAIN** _____

MAILING ADDRESS _____ **e-mail** _____

_____ **PHONE#** _____

Liability release, please have all team members print and sign to release any liability while playing.

TEAM MEMBERS

Print name	Signature	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Please make out checks to the Community Cancer Services.

Contact, David Broughton 208 290-6577

MEDICAL CONSENT AND LIABILITY WAIVER

COMMUNITY CANCER SERVICES DOES NOT PROVIDE ANY MEDICAL INSURANCE OR MEDICAL COVERAGE OF ANY KIND FOR PLAYERS OR SPECTATORS.

MEDICAL CONSENT: In the event of injury or other medical emergency, I/We do hereby authorize Community Cancer Services to arrange for such medical services as may be deemed reasonable and necessary to the welfare of such person(s), and I/We do hereby release the Community Cancer Services from all liability in taking such action. I/WE acknowledge that Community Cancer Services DOES NOT provide medical insurance for program participants and that any expense incurred is wholly the responsibility of the undersigned. I/WE, the undersigned, have read this RELEASE AND CONSENT TO MEDICAL TREATMENT, and execute it voluntarily and with full knowledge of its significance.

LIABILITY RELEASE: I/We, DO HEREBY agree to release and hold harmless Community Cancer Services from all liability for damages, except for personal injury or property damages caused by the gross negligence of Community Cancer Services. **Community Cancer Services when used above includes the following: city employees, volunteers, elected and appointed officials, agents or managers.**

PRINT (SO WE CAN READ IT)

PLAYERS NAME	ADDRESS/ZIP	PHONE	SIGNATURE
1.			
2.			
3.			
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