PORT WELLER COMMUNITY CENTER 1-WALL HANDBALL COURTS GRAND OPENING and KIDS TOURNAMENT

(Saturday, August 2nd, 2014 from 1-6:00PM, Rain or shine, this is an indoor/outdoor event)

hosted by the:



Facility: Port Weller Community Center (2-indoor and 2-outdoor courts)

1 Bogart St., St Catharines, ON, L2R 7C2

Entry : Completed entry form must be received by Monday July 28th, 2014

: Entry is free thanks to a donation by Jared Vale of www.valeugroup.com

Registration: Please report to the Registration Desk at 1:00 PM on tournament day

: Signed entry (Parents signature if under 18-years-of-age) required to play

: Eye protection is manditory, and will be provided if necessary

Format: The intent of the day is to introduce kids to the game of handball, and to

promote "cross-play" between 1 and 4-Wall Players. (Any Ball, Any Wall!!!)

: Big Ball, 25-Point Games, 2-games guarenteed

: Junior Divisions/Format to be determined by the number of entries : Afternoon of "Fun Doubles" play after the singles tournament is done

Hospitality: Tournament shirt, awards, and light food/beverage during the day

: Lessons for new players by Ontario, Canadian, U.S. and World Champions : Absolutely no alcoholic beverages or smoking allowed on the premises

: Be sure to bring your sunscreen and running shoes

Tournament: Wally Oprzedek (905) 980-1012 **Committee**: Mark Polgrabia (905) 351-4611

Liability and Media Waiver , the parent/legal guardian of the minor, _____ (the "Participant"), hereby acknowledge that the Participant and I agree to waive any and all financial and legal claims against the Ontario Handball Association, its related organizations, officers, directors, agents, representatives, and employees (the "Organizers") for any injury, harm and/or damage suffered by the Participant during the course of his/her attendance at the PORT WELLER COMMUNITY CENTER 1 WALL HANDBALL COURTS -GRAND OPENING and KIDS TOURNAMENT SATURDAY, AUGUST 2ND, 2014. The Participant and I also agree not to hold the Organizers liable for any negligence caused in whole or in part by the Organizers throughout the entire duration of the PORT WELLER COMMUNITY CENTER 1 WALL HANDBALL COURTS -GRAND OPENING and KIDS TOURNAMENT SATURDAY, AUGUST 2ND, 2014. The Participant and I will also waive all claims for injuries or financial claims against the Organizers related to the actions taken by a third party which may result in damages against the Participant. I acknowledge that Organizers are not liable for loss of the property of any participant throughout the entire duration of the PORT WELLER COMMUNITY CENTER 1 WALL HANDBALL COURTS -GRAND OPENING and KIDS TOURNAMENT SATURDAY, AUGUST 2ND, 2014. I consent to having the Participant filmed, interviewed, or have audio or video recordings made of the Participant by the media (print, broadcast and on-line) and the Organizers during the PORT WELLER COMMUNITY CENTER 1 WALL HANDBALL COURTS -GRAND OPENING and KIDS TOURNAMENT SATURDAY, AUGUST 2ND, 2014. understand that the text or image(s) may appear in electronic form on the internet or in publications outside of the Ontario Handball Association's control. I agree that the Participant and I will not hold the Organizers responsible for any harm that may arise from such unauthorized reproduction. Last name/First name (printed) Signature of parent Date Last name/First name (printed) Signature of participant Date **Player/Parent and Contact Information** (by providing this information, I agree to receiving periodic e-mail communication from the Ontario Handball Association) Home City: _____ (home) (cell) Phone number: (Circle One) Age: (this is a 19 & Under event) **Junior Divisions:** Boy Girl

Please complete this form and forward so that it is received by July 28th, 2014:

How long playing 1-wall handball? _____ Comments: _____

- Scan and e-mail to: iamwallyo@gmail.com
- Mail to: 25 Sheridan Drive, St. Catharines, ON, L2M 6N8