**THE 2012 JUNE HILL MEMORIAL**

**1-WALL JUNIOR HANDBALL TOURNAMENT**

**SATURDAY, MAY 5TH, 2012**

(Rain Date: Sunday, May 6th, 2012)

**hosted by the:**

**Location :** Brant Hills Public School, 2330 Duncaster Dr, Burlington, ON, L7P4S6

 (4-outdoor courts located 5-minutes from the Cedar Springs Health Club)

**Entry** : Completed entry form must be received by **April 30th, 2012**

: Entry fee of $10 per player payable at the event

**Registration** : 9-9:30AM, Saturday, May 5th, 2012

 : 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 maximize the kids playing time, while teaching

 them the fundamentals of the game. Handball is fun!!!

: Big Ball, 31-Point Games, “Rally-Point” Scoring, 2-games guarenteed

 : Singles Divisions to be determined on the number of entries

 : Doubles Divisions tbd on number of entries, and played if time allows

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

 : Clinic/Feature Match by current & past OHA/USHA/Canadian Champions

 : Absolutely no alcoholic beverages or smoking allowed on the premises

 : Be sure to bring sunscreen, outdoor running shoes and your killshot

**Tournament** : Wally Oprzedek (905) 980-1012 (Boys Divisions Convenor)

**Committee** : Jenine Wilson (905) 995-4581 (Girls Divisions Convenor)

**Liability and Media Waiver**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 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 **2012 June Hill Memorial 1-Wall Junior Handball Tournament**. 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 **2012 June Hill Memorial 1-Wall Junior Handball Tournament**. 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 **2012 June Hill Memorial 1-Wall Junior Handball Tournament**.

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 **2012 June Hill Memorial 1-Wall Junior Handball Tournament**. I 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.

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Date Last name/First name (printed) Signature of parent

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Last name/First name (printed) Signature of participant

**Player and Contact Information**

E-Mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)

Division: Boy Girl (Circle One) Age: \_\_\_\_\_\_\_

Doubles Partner (if time allows): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long playing handball? \_\_\_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete this form and forward. Must be received by April 30th, 2012:**

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