**Gladiolus Days**

**Co-Ed Sandlot Volleyball Tournament**

**Saturday, August 24th, 2019**

* Pool Play/Double Elimination Tournament (A & B Divisions)
* All participants must be a high school graduate.
* Each team will consist of 3 men & 3 women. You may play with more women than men. You must have 4 players & 1 must be a male.
* Each team should supply their own volleyball.
* Games will start at 8:00 am.
* All games will be called yourself, no officials.
* Concessions stand available.
* The City of St. Charles is not responsible for any injuries, damages or lost/stolen items.
* Registration Deadline: August 16th, 2019.
* Entry fee is $60.00
* Payment must accompany registration. Payment of entry fee will be considered acknowledgment of tournament rules.

Send to: City of St. Charles

 830 Whitewater Ave

 St. Charles, MN 55972

 507-932-3020

 rschaber@stcharlesmn.org

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Liability for Accidents**

I agree that all activities undertaken by me as a representative of my team as part of the program are undertaken by me at my sole risk & that the City of St. Charles shall not be liable for any claims, demands, injuries, damages, actions or causes of actions whatsoever to myself or to my property due to the passive or active negligence of the City of St. Charles, its servants, agents, or employees arising out if or connected with my participation in this program & that I expressly forever release & discharge the City of St. Charles, its servants, agents, or employees, from all such claims, demands, injuries, damages, actions or causes of action whatsoever.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_