



OFF *The* WALL SPORTS

1423 Chase Court Carmel, IN 46032 - (317) 580-5900 FAX: (317) 580-5905

www.offthewallsports.net

Presented by



Indiana University Health

and



TOM WOOD
AUTOMOTIVE GROUP



HOLIDAY CUP 2012

REGISTRATION AND INFORMATION

- WHEN: Saturday, December 29th – Sunday, December 30th
- WHERE: Off the Wall Sports in Carmel, Indiana
- 4 Games guaranteed with a maximum of 6 players per team
- Finals in every age group
- FREE Admission
- 6 Souvenir T-shirts given to every team that can be worn as Game Jersey. Each team within a division will have a different color. Additional shirts* available advance order only for \$10.

*Shirts must be ordered by 12/10/12

HOW TO REGISTER:

Call: 317-580-5900

Fax: 317-580-5905

E-mail: manager@offthewallsports.net

REGISTRATION DEADLINE 12/19/12

(It is not necessary to have a final roster to register. First come, first serve! We filled up many divisions last year so don't wait)

COST: \$200 Per Team

REGISTER NOW! SPACE IS LIMITED!

TEAM AGE GROUP (Circle One)

Under 8 Under 9 Under 10 Under 11 Under 12 Under 13 Under 14 High School
Adult Coed Women's Over 30 Men's Open Men's Over 30

PREFERRED LEVEL OF PLAY (A or B) _____

DIVISION (Male or Female) _____ **Team Name** _____

Club affiliation (used for game scheduling) _____

MANAGER'S NAME _____

ADDRESS _____

CITY _____ **ZIP** _____

HOME # _____ **Work #** _____

Other # _____ **Fax #** _____

EMAIL (Required) _____

CREDIT CARD (MC/VISA) _____ **CARD NUMBER** _____

EXPIRATION DATE _____

NAME AS IT APPEARS ON CARD _____

Unless another form of payment has been received, this credit card will automatically be charged. You must be paid if full to register.



Team Age Group _____ **Team Name** _____
Manager's Name _____

Waiver of Liability: The signature below signifies acceptance of the following waiver of liability.

I acknowledge that Off The Wall Sports, LLC may compile address labels and lists and may utilize photographs of the named individual. I consent to these uses of my name, address and likeness and hereby waive all rights to compensation for their use in the promotion and/or operation of Off The Wall Sports, LLC.

To induce Off The Wall Sports, LLC to accept registration and permit participation in Off The Wall Sports, LLC sports programs, I hereby give my consent and agree to release, indemnify and hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from any claim arising out of injury to the named individual. I also hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from and against any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise.

I understand that as a participant in Off The Wall Sports, LLC sporting events that I must abide by all rules, regulations and philosophies of Off The Wall Sports, LLC.

Player Information (Required):

First Name _____ Last Name _____ Date of Birth _____
T-Shirt Size _____ Parent First Name _____ Parent Last Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Email _____
Parent Signature _____ Date _____

First Name _____ Last Name _____ Date of Birth _____
T-Shirt Size _____ Parent First Name _____ Parent Last Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Email _____
Parent Signature _____ Date _____

First Name _____ Last Name _____ Date of Birth _____
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