

CITIES OF CYPRESS AND LA PALMA
RECREATION & COMMUNITY SERVICES

Teen DODGEBALL Night

13-18 year olds

Friday, April 20th, 7:00 – 9:00pm
Arnold/Cypress Park, 8611 Watson Street

FREE!

Pre-register by Friday, March 16th
Waiver on back of flyer

- Teams check-in at 6:30pm
- 6 players on the court at a time, per team
- Maximum 10 players per team
- Single players welcome
- Waiver must be signed by minor (17 years or younger) and parent/guardian before teams can play
- **Limited Space Available!**

OPEN DIVISIONS
13-15 YEAR OLDS
16-18 YEAR OLDS
BRING YOUR FRIENDS
FOR A DODGE, DIP,
DUCK, AND
DIVE EVENT!

PRIZES WILL BE GIVEN OUT TO THE FIRST PLACE TEAM, MOST CREATIVE UNIFORM, MOST CREATIVE TEAM NAME AND MUCH MORE!



For more information:
Cypress – 714-229-6780 www.cypressrec.com
La Palma – 714-690-3350 www.cityoflapalma.org



**CITIES OF CYPRESS AND LA PALMA RECREATION & COMMUNITY SERVICES
TEEN DODGEBALL NIGHT – FRIDAY, APRIL 20, 2012 – HOLD HARMLESS AGREEMENT**

I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns, will not make claim against, sue, attach the property of, or prosecute the City of Cypress and/or the Cypress Recreation and Park District as well as the City of La Palma and/or the La Palma Recreation and Park District, and its employees, officers, officials, volunteers, boards, departments, agents and contractors for emotional distress, bodily injury or death to myself or property damage arising out of any actions, by any employees, officers, officials, volunteers, boards, departments, agents and contractors in connection with my participation in this activity.

In addition, I hereby release and discharge the City of Cypress, City of La Palma, and its employees, officers, officials, volunteers, boards, departments, agents and contractors from all actions, claims or demands I, my heirs, distributees, guardians, legal representatives and assigns now have or, may hereafter have, for emotional distress, bodily injury or death to myself or property damage resulting from my participation in this activity.

In case of accident or other emergency, personnel of the City of Cypress/Cypress Recreation and Park District, City of La Palma and/or the La Palma Recreation and Park District and/or its agents, are hereby authorized to secure medical care deemed necessary as a result of accident or injury, for the participant. I further agree to pay any and all costs incurred as a result of this treatment.

I further permit the use of activity/event photography and/or video taping for promotional use.



Team Name

1.	_____	_____	_____
	Teen's Name & Signature	Parent/Guardian Name & Signature	Emergency Contact Number
2.	_____	_____	_____
	Teen's Name & Signature	Parent/Guardian Name & Signature	Emergency Contact Number
3.	_____	_____	_____
	Teen's Name & Signature	Parent/Guardian Name & Signature	Emergency Contact Number
4.	_____	_____	_____
	Teen's Name & Signature	Parent/Guardian Name & Signature	Emergency Contact Number
5.	_____	_____	_____
	Teen's Name & Signature	Parent/Guardian Name & Signature	Emergency Contact Number
6.	_____	_____	_____
	Teen's Name & Signature	Parent/Guardian Name & Signature	Emergency Contact Number
7.	_____	_____	_____
	Teen's Name & Signature	Parent/Guardian Name & Signature	Emergency Contact Number
8.	_____	_____	_____
	Teen's Name & Signature	Parent/Guardian Name & Signature	Emergency Contact Number
9.	_____	_____	_____
	Teen's Name & Signature	Parent/Guardian Name & Signature	Emergency Contact Number
10.	_____	_____	_____
	Teen's Name & Signature	Parent/Guardian Name & Signature	Emergency Contact Number