

# Racquetball Tournament REGISTRATION



Please complete the registration form below

Full Name :	E-Mail :
<input type="text"/>	<input type="text"/>
Address :	
<input type="text"/>	
Contact :	Date of Birth :
<input type="text"/>	<input type="text"/>

Do you have any medical conditions the organizers should be aware of?  Yes  No

If yes, please specify :

Emergency Contact :

First Name :	<input type="text"/>	Contact :	<input type="text"/>
Last Name :	<input type="text"/>		<input type="text"/>

## Acknowledgment and Consent

By signing below, I confirm that:

- I have read and agree to the Tournament Terms and Conditions.
- I understand that I am participating at my own risk and will not hold the organizers, sponsors, or venue responsible for any injury, loss, or damage sustained during the event.
- I consent to the use of my name, image, and likeness for promotional purposes related to the Tournament.

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If under 18, Parent/Guardian Signature:** \_\_\_\_\_