

**Boys and Girls Grades 4th, 5th, 6th , 7th**

**Saturday, March 7, 2020**

**Solon High School Solon Middle School**

**Entry Fee- $135 (\*$35 non-refundable) $5 admission**

No coolers allowed- Concessions available

Deadline- February 14, 2020

Circle one: Girls 4th Girls 5th Girls 6th  Girls 7th Awards for 1st

Boys 4th Boys 5th Boys 6th  Boys 7th

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

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

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

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| Send Registration and form to:  Nathan Wear  1635 Apache Dr. NE  Solon, IA 52333 | Make checks payable to:  **Solon Dollars for Scholars**  For more info:  [Nathan.wear@gmail.com](mailto:Nathan.wear@gmail.com)  319-631-8659 |

\*Entry deadline is 3 weeks prior to tourney/No refunds after that time

\*Tournament director reserves the right to change format due to weather

\*Certified officials

Team Roster, Waiver, and Consent Form

*The waiver and liability MUST BE SIGNED by a parent of each player to have a valid registration.*

***I, the parent of guardian of the applicant agree that “Solon Dollars for Scholars” and all other individuals assisting in the tournament or event in any capacity will not be liable for any causes of actions, claims, and injuries arising out of the participation of the applicant, and hereby release all said groups and individual from such claims and liabilities. The undersigned acknowledges that in all sports there are certain risks of physical injuries and all players participate at their own risk. I, as legal guardian or parent of any applicant herby consent to the participation of the applicant in the “Solon Shootout” tournament or event under the above mentioned conditions.***

***I, as the parent or legal guardian, by signing below, state that my child is in ample sports condition to participate in the tournament or event. By signing this form, you exclude “Solon Dollars for Scholars”, any staff members, and volunteers from any normal injury and liability that might occur or labeled as normal sports injuries. I have read and understand the above:***

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_

Player # Player Name (print) Parent Signature

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\*Waiver must be turned in to tournament director prior to first game