



Annual Positive Pie

CO-ED Broomball Tournament

Saturday, February 11, 2012

Waterbury Outdoor Ice Rink by Anderson Field

\$10 per player • call 229-2163 or email rightimagedesign@aol.com for info and to sign up.

Similar to hockey but no skates needed! Players wear their own boots/shoes.

We provide the equipment - sticks and balls. Helmets are not required but recommended.

Teams should be co-ed and up to 11 players per team with a 6 person minimum.

Broomball is played with 5 people and a goalie on the ice.

This is a double elimination tournament. Games will begin at 9:00 am.

Exact times and schedule will be determined by the number of teams and we will contact each team captain prior to the tournament with your first game time.

Players must be 18 or older and must sign a waiver.

So gather your team for a day of fun & get your registration in to us!

There is a trophy and bragging rights to be won!

mail your registration to Broomball, 44 Zdon Road, Middlesex, VT 05602
or give to your favorite Positive Pie Team Member.

Team Name: _____ Amateur or Pro (circle one)

Contact: _____ Phone: _____ Email: _____

Team Members: 1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____
9. _____ 10. _____
11. _____

**Make checks to Kate Alberghini. Deadline for registration is Feb. 8
Proceeds benefit Positive Pie Women's Broomball Team and the Waterbury Rec Committee**

Positive Pie Co-Ed Broomball Tournament

Release/Waiver Agreement

All participants must sign.

I am fully aware of the risk inherent and give my consent for my name listed below to participate in the Positive Pie Co-Ed Broomball Tournament and to hold harmless the members of team Positive Pie, and the Village of Waterbury, their employees, elected officials, or any volunteers from any and all liability from any injury, claim and costs of loss of services which may be incurred by me or us on account of participation in this tournament. Permission is hereby granted for me or us to receive emergency treatment if needed and I authorize the attending physician to administer any needed medical attention. Furthermore, I certify that I or we are in good health and that there are no limitations to my/our participation except in writing below. I have read this document carefully and sign it voluntarily with full knowledge of its significance.

Team Name: _____ Main Contact: _____

Participant Name Signature Date

Participant Name Signature Date

Participant Name Signature Date

Participant Name Signature Date

Participant Name Signature Date

Participant Name Signature Date

Participant Name Signature Date

Participant Name Signature Date

Participant Name Signature Date

Participant Name Signature Date

Participant Name Signature Date