

# **SPLASH BASH REGISTRATION FORM**

- ☐ 5K Color Run/Walk  
    ☐ 6 – 12 years old - \$15.00  
    ☐ 13 – 99 years old - \$20.00

- ☐ 3-on-3 Sand Volleyball - \$20.00 per team      \_\_\_\_\_ Youth Division (12 and under) \_\_\_\_\_ Adult Division

Team Name \_\_\_\_\_

Participant (1) \_\_\_\_\_ Participant (2) \_\_\_\_\_

Participant (3) \_\_\_\_\_

- ☐ Cornhole Tournament - \$20.00 per team      \_\_\_\_\_ Youth Division (12 and under) \_\_\_\_\_ Adult Division

Team Name \_\_\_\_\_

Participant (1) \_\_\_\_\_ Participant (2) \_\_\_\_\_

## **EACH PARTICIPANT MUST FILL OUT THE PARTICIPANT INFORMATION AND SIGN WAIVER FORM**

Participants Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Age \_\_\_\_\_ Medical conditions or food allergies if any \_\_\_\_\_

Emergency Contact: Please list someone (other than parent/Legal Guardian if participant is under 18) who can be contacted in case of emergency.

Name: \_\_\_\_\_

Relation \_\_\_\_\_ Phone # \_\_\_\_\_

### **If under the age of 18:**

Parent or Guardian's Name \_\_\_\_\_

Address if different \_\_\_\_\_ Phone # \_\_\_\_\_

The undersigned, understands that injuries are a natural part of many recreation activities and agrees to indemnify, hold harmless and release the City of Ellis, their agents, and employees from any and all liability for any injury which may be suffered by the above named individual(s) registered in this activity arising out of or in any way connected with participation in this activity. The undersigned and participant authorize the City of Ellis to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. I have read the above statement, understand and agree to the conditions set forth. I agree to abide by all policies and guidelines set forth by the City regarding this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
    \_\_\_\_ Parent/Guardian      \_\_\_\_ Participant if over 18

### **FOR OFFICE USE ONLY**

Payment type: (Please Circle)    CA      CK      CC      Date: \_\_\_\_\_      Staff Signature \_\_\_\_\_

**Return form with payment to the City Office  
815 Jefferson, Ellis, KS 67637**