

# 4<sup>TH</sup> ANNUAL SCALPBALL TOURNAMENT

4 vs 4



The Scalpball Volleyball Tournament is on Halloween day this year. We hope that teams will get into the ghoulish spirit. If we have enough teams there will be two divisions. One division is for teams ages 14-19. The second division is for teams with any player 20 and over. This will give everyone a great opportunity to play Volleyball on their level. Teams can be all female or male teams or they can be co-ed teams. Also, depending on the number of teams enter we may use two different locations. Teams will either play at Bratt First Baptist (half a mile up the road from Northview) or the Northview High School Gym. The finals will be played at Northview's Gym.

**Date: October 31, 2009**

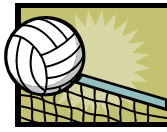
**Time: 8:30 – until end of Finals**

**Location: Northview High School Gym and  
Bratt First Baptist Church's Gym**

**Team Fee: \$3 dollars per player if paid by  
October 16<sup>th</sup>. For each following  
week up until October 28<sup>th</sup> please add \$1 per  
player.**

**\*\*Registration Forms can be found at the attendance desk at Northview HS, at the Atmore YMCA, and Coach Heaton's Room. The registration forms can also be e-mailed to you, although you will have to return the signed form to the school or have it faxed.**

\* All proceeds from the volleyball tournament will go to the Northview High School's Volleyball Team. Please remember this tournament is for fun and everyone should be respectful of each other. If you have any questions you can e-mail Coach Betty Heaton at [bheaton@escambia.k12.fl.us](mailto:bheaton@escambia.k12.fl.us) or call the school at 850-327-6681. We look forward to seeing you there!!!



## 4<sup>th</sup> Annual Scalpball Volleyball Tournament

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

Captain Name \_\_\_\_\_ Bracket - Adult  Teen

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Age	Name (Please print clearly)	*Signature (Your signature below signifies that you have read and agree to the wavier below.) *Parent/Guardian must sign for participants under 18.	Payment *Check the box under the appropriate payment. Write number of players next to the box. *
			Paid by Oct. 16 <sup>th</sup> , \$3 per player. <input type="checkbox"/>
			Paid by Oct. 23 <sup>rd</sup> , \$4 per player. <input type="checkbox"/>
			Paid by Oct. 28 <sup>th</sup> , \$5 per player. <input type="checkbox"/>

- No more than 5 players on a team.
- Team fees are \$3 dollars per player if paid by Oct. 16<sup>th</sup>. For each week late up until Oct. 28<sup>th</sup> please add \$1 per player.
- Team fees can be paid by cash or check. All checks need to be made out to Northview Volleyball. Registration forms and entry fee will need to be turned into Coach Heaton or Mrs. Holland at Northview High School. Mrs. Holland can be found in the front office.
- Games will start at 8:30 a.m. All teams will need to be in attendance as brackets will not be posted until Saturday morning. The tournament will start with round robin pool play which will decide placement in the tournament bracket.
- No one under the age of 14 is permitted to participate.
- No profanity or alcoholic beverages.
- There will be refreshments and food at the concession stand for purchase.
- Please e-mail [bheaton@escambia.k12.fl.us](mailto:bheaton@escambia.k12.fl.us) or call (850)327-6681 for additional information if needed.

\*I know that playing in a volleyball tournament is a potentially hazardous activity that could cause injury or death. I should not play unless I am medically able and properly trained. By my signature above, I certify that I am medically able to perform in this event, am in good health, and am properly trained. I agree to abide by any decision made by the staff of this event relative to any aspect of my participation in this event, including the right to deny or suspend my participation for any reason whatsoever. I assume all risks associated with this event, including, but not limited to: falls, contact with other participants, the effect of competitive ball play, including high heat and/or humidity, the conditions of the gym, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Northview High School, Bratt First Baptist, all staff, and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.