

# 5th ANNUAL WIFFLE BALL TOURNAMENT



DECEMBER 28th  
at  
Bettendorf Middle School

5 People on a team  
Adult division & Youth Divisions  
\$100/Per Team

To sign up:  
[Bettendorfbaseballclub@gmail.com](mailto:Bettendorfbaseballclub@gmail.com)

**Although this camp is run by BCSD coaches and staff, it is not sponsored by the Bettendorf Community School District or its schools. All proceeds support the outside camp or activity.**

**Cost:** \$20 Per Player – (\$100 per/team)

**When:** December 28th

**Where:** Bettendorf Middle School

**Please make all checks payable to:** Bettendorf Baseball Club

**Please fill out your roster** - Youth Division or Adult Division (Circle One)

If Youth Division what grade: 3rd/4th 5th/6th 7th/8th (Circle One)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**To sign up:**  
**Bettendorfbaseballclub@gmail.com**

**Make sure you have your email listed on this form. We will be sending out game times and any tournament communication via your email. Games times will be sent out on December 26<sup>th</sup>. Please send team rosters to bhanna@bettendorf.k12.ia.us**

Please bring this form and a team check for \$100 or \$20 (if paying individually) to the wiffle ball tournament and check in at the registration table.

**PLEASE BRING THIS FORM TO THE TOURNAMENT ON THE 28TH**

PLAYERS NAME \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

PARENTS EMAIL \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_

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**MEDICAL WAIVER**

We/I the parent(s)/guardian of the above student understand that the participation in any Bettendorf Sports Camp could result in injury of temporary or permanent type to my/our child. We/I give consent for coaches, trainers, and team physicians to use their own judgment in securing medical aid and ambulance service in case the parent/guardian cannot be reached. We/I also verify that my child is covered by health and accident insurance.

\_\_\_\_\_  
**PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**