

THE 43RD ANNUAL BEN DELANEY MEMORIAL CIRCLE CITY HANDBALL TOURNAMENT

Site: Jordan YMCA, 8400 Westfield Boulevard, Indianapolis, Indiana, 317-253-3206

Date: February 9th, 10th, and 11th, 2018

Entry Fee: \$65 first event: \$75 if not USHA member, confirmed at door.
\$25 per player second event. \$35 for students and juniors.
Entry fee non-refundable after sign-up deadline.

Awards: 1st and 2nd place in all events. Every player will receive a tournament souvenir.

Deadline: Monday, February 5th, 2018 (or when field is full). Entry fee must accompany entry blank. Call Tim Zender after February 7th, 2018 at 317-679-3075 for start times or...*DRAWSHEETS/TIMES AVAILABLE ONLINE AT*
<http://www.r2sports.com/tourney/home.asp?TID=22477> Be prepared to play at 4:00 p.m. on Friday, February 9th.

NOTE: FIELD MAY BE LIMITED

Pizza Friday Night Lunch Saturday Banquet Saturday Night Fruit & Food & Drink Daily

EYEGUARDS ARE MANDATORY* *USHA RULES APPLY

*****EVENTS MAY BE ELIMINATED OR COMBINED AS NECESSARY*****
*****SINGLE ELIMINATION. NO DROP-DOWNS OR CONSOLATION*****

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Open Singles | <input type="checkbox"/> Golden Singles (50+) | <input type="checkbox"/> Open Doubles |
| <input type="checkbox"/> A Singles | <input type="checkbox"/> Super Singles (60+) | <input type="checkbox"/> Golden Doubles (50+) |
| <input type="checkbox"/> B Singles | <input type="checkbox"/> Diamond Singles (70+) | <input type="checkbox"/> Super Doubles (60+) |
| <input type="checkbox"/> C Singles | <input type="checkbox"/> Women's Open Singles | <input type="checkbox"/> Women's Open Doubles |
| <input type="checkbox"/> B Doubles | <input type="checkbox"/> Women's A Singles | <input type="checkbox"/> Women's A Doubles |
| <input type="checkbox"/> C Doubles | | <input type="checkbox"/> Diamond Doubles (70+) |

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Doubles Partner: _____ Shirt Size (circle): sm md lg xl xxl
Tim Zender

Make checks payable to: Circle City Handball and mail to:
10670 Hoosier Road
Fishers, Indiana 46037

I understand that there are potential risks associated with any program requiring physical activity, including this one. I further understand and agree that the Young Men's Christian Association of Greater Indianapolis ("YMCA") does not assume any financial responsibility for medical expenses and/or compensation for any injury that I may suffer during or resulting from participation in this program or any other activities at the YMCA's facilities. I agree that it is my responsibility to receive clearance from my physician before participating in this or any physical activity. I do hereby, for myself, my heirs, agents, assigns, executors and administrators (collectively, "I" or "me"), waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future programs at the YMCA's facilities. I further agree to indemnify YMCA for any and all costs, including legal fees, incurred as a result of any claims made by me in relation to my participation in this or any future programs at the YMCA's facilities. Also, the undersigned specifically releases and discharges the sponsors and agents from any and all such claims that may arise from same.

Signature: _____ Date: _____