



## **Eastern Zone Championships Polocrosse Tournament**

**Saturday October 24 - Sunday October 25<sup>th</sup>**

*at*  
*Crooked Creek Farm*

9239 Hester Road  
Hurdle Mills, NC 27541

Closing Date: Friday, October 9th, 2009  
(\$10.00 Late Fee Applies to entries after closing date, and no tee shirt available with entry)

**Divisions:** A, B, C, D, Juniors, and Pee Wee. Divisions will be sectionals (depending on number of entries-six man teams may apply). Pee Wee division will play one game each day. Juniors division will be limited to novice level players (total team rating of 7 or less). All other juniors should play in the regular divisions.

Teams should supply an umpire horse for all of their players that umpire. If no one from your team umpires, you should still try to bring an umpire horse if you can. Each team is required to supply a goal judge for all of their games.

### ***Silent Auction to Benefit the Youth Development Travel Teams***

Saturday Night Dinner (7:30pm) and Dancing with DJ/Karaoke  
At Occoneechee Steakhouse in Hillsborough, [Sharp Casual Attire](#)  
378 South Churton Street, Hillsborough, NC 27278

### **Fees:**

Tournament Entry Fee: \$115.00 for current APA members  
(includes participant dinner/dance ticket, tee shirt, and registration gift)  
Additional Dinner/Dance tickets: \$20.00 per adult/\$10 age 3-12/under 3 free

### **Electric Pens permitted**

Camping Permitted (No hook-ups available)

### **ALL DOGS MUST BE ON A LEASH!**

For More Information contact Debbie Zito at 352-266-9326 email [dycharliehorse@yahoo.com](mailto:dycharliehorse@yahoo.com)

### *Local Hotels:*

*Holiday Inn 919.644.7997 \* Microtel 919.245.3102*

# Entry Form

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

Affiliation: \_\_\_\_\_

Address/Phone #/

Email \_\_\_\_\_

Age Bracket for EZ High Pts: \_\_\_ Adult Men \_\_\_ Adult Women \_\_\_ U21 \_\_\_ U16

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

Colors: \_\_\_\_\_

## Player Names and Ratings (if currently rated by the APA)

#1 \_\_\_\_\_

Rating: \_\_\_\_\_

#2 \_\_\_\_\_

Rating: \_\_\_\_\_

#3 \_\_\_\_\_

Rating: \_\_\_\_\_

## Individual Entry

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

Division: \_\_\_\_\_ Preferred Position: \_\_\_\_\_

Name of Umpire Horses you can bring & Grade it can Umpire: \_\_\_\_\_

## Fees:

Participant Entry Fee (Current APA members)	115.00 x _____ = _____
Pee Wee's (no tee shirt)	40.00 x _____ = _____
Doubling Up (playing in more than 1 division)	50.00 x _____ = _____
Additional Saturday Night Dinner	20.00 x _____ = _____
Additional Saturday Night kids Dinner	10.00 x _____ = _____
APA Membership Fee or \$20 Day Fee (if needed)	_____
Extra Tee Shirts	15.00 x _____ = _____
Total Due:	_____

Tee Shirt sizes Small \_\_\_\_\_ Med \_\_\_\_\_ Large \_\_\_\_\_ XLg \_\_\_\_\_

**\*\*All Non APA members (except International players) will have to pay the Day Fee (\$20.00/tournament) or join the APA. The APA annual membership fees are \$60.00 per individual adult, \$30 per junior, or \$90 for family. You can join online prior to event at [www.americanpolocrosse.org](http://www.americanpolocrosse.org) \*\***

Return Entry Forms, Copy of Current Coggins & **Checks** to:  
**Debbie Zito**, 14200 SE Hwy 475, Summerfield, FL 34491  
Or via email to [Dycharliehorse@yahoo.com](mailto:Dycharliehorse@yahoo.com)

### Agreement for Release and Waiver of Liability (adult)

The undersigned states as follows:

I acknowledge that the game of polocrosse involves inherent risks of personal injury to me personally, my horse and damage to equipment and property. Knowing and understanding this, I still desire to participate in and attend the Eastern Zone Championships Polocrosse Tournament.

In consideration for my participation in and attendance at the event, I hereby, for myself, my heirs, executors and assignees, waive, release, discharge and hold harmless: The American Polocrosse Association, the Orange County Polocrosse Club, the Charlie Horse Polocrosse Club, its officers, directors, members, land owners, and agents, and all other persons or organizations in anyway connected with this event including, but not limited to, the field, their owners and operators, their officers, directors, employees, agents, representatives, heirs, administrators and assignees, from any and all rights, claims or liability for damages from any and all claims of any kind or nature, that might arise out of my

participation in anyway connected with this event or taking place upon the grounds at

Crooked Creek Farm. I, further acknowledge that this release will extend to any accidents, damages or claims arising out of my participation, caused by my own act or the acts of anyone or any animal within my control.

By signing this release and waiver, I am assuming all risks of the activities of which I will be engage and releasing of all parties indicated above of any and all liability for their negligence of any description whatsoever. It is my intent to assume all risks and to waive and give up my rights (for myself and my heirs) to sue, and I do so knowingly and voluntarily.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parents or Guardian Release and Waiver (Juniors)** I am the parent or guardian of \_\_\_\_\_, a minor, and on the minor's behalf and on my behalf and on the behalf of all other parents or guardians of the minor, I accept the release and waiver of liability

above as an inducement for allowing my child to participate in the Eastern Zone Championships Polocrosse Tournament and related activities. I further authorize any emergency medical care which may be necessary.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_