

5th Annual KEN BISH MEMORIAL INDOOR TOURNAMENT

MARCH 21, 2026

LOCATION: Elk County Catholic High School
600 MAURUS ST, ST. MARYS, PA

COST: Registration due by March 11th \$150/TEAM
Early Bird Register \$125/TEAM by March 6th
*Late entries MAY be considered based upon teams/brackets per division.
Only 17 teams will be accepted for this 1-day event.*

DIVISIONS: 4th, 5th, and 6th Graders (Saturday)
7th and 8th Graders (Saturday)
High School BOYS* (Saturday)
High School GIRLS* (Saturday)
**No high school graduates may participate.*

ROSTERS: 5 PLAYERS MINIMUM ~ 10 PLAYERS MAXIMUM

CONTACTS:
Mitchell O'Neill (814) 335 -5898 or mitch.oneill8@gmail.com

*Mail registration forms and checks payable to **ECCSS** to:*

*Mitchell O'Neill
112 Meadow Ln
Kersey, PA 15846*

Please no coolers. There will be a concession stand.

KBM/ECC FUTSAL TOURNAMENT TEAM REGISTRATION

TEAM NAME: _____

AGE GROUP *(Please Circle One)*

4th, 5th, and 6th Graders (Saturday)

7th and 8th Graders (Saturday)

High School BOYS* (Saturday)

High School GIRLS* (Saturday)

*No high school graduates may participate.

Coach _____

Email _____

Phone _____

Players (Maximum of 10): Roster can be finalized on 3/21. Waivers must be turned in before the first game.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

*Mail registration forms/checks payable to **ECCSS** to:*

Mitchell O'Neill
112 Meadow Ln
Kersey, PA 15846

Player waivers must be turned in before warming up for your first game.

There will be a concession stand.

Player Accident Waiver and Release of Liability

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE ECC FUTSAL TOURNAMENT at ELK COUNTY CATHOLIC SCHOOL, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Elk County Catholic School and/or their directors, officers, employees, volunteers, representatives, and agents, and the tournament sponsors, referees and volunteers;

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Elk County Catholic School and their directors, officers, volunteers, tournament volunteers and staff, representatives, referees and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, Elk County Catholic School and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL. BY SIGNING THIS FORM, I ALSO CERTIFY THAT ALL THE PLAYER INFORMATION IS BOTH COMPLETE AND CORRECT. I ALSO AGREE TO ABIDE BY THE TOURNAMENT CODE OF CONDUCT AND I WILL DO MY BEST TO ENSURE COMPLIANCE BY ALL INDIVIDUALS ASSOCIATED WITH MY TEAM INCLUDING PLAYERS, COACHING STAFF, AND SPECTATORS.

Participant Name

Date

Parent / Guardian Signature

Date