



Ocean City Recreation and Parks
2022 Ocean City Indoor Cup
February 18- February 20, 2022
 Team Entry Form (Please Print or Type)
 (Use a separate form for each entry)

Team Name: _____
 Jersey Color: _____ Alternate Jersey Color: _____

Check Division you wish to enter

<input type="checkbox"/> Boys 2008	<input type="checkbox"/> Girls 2008
<input type="checkbox"/> Boys 2009	<input type="checkbox"/> Girls 2009
<input type="checkbox"/> Boys 2010	<input type="checkbox"/> Girls 2010
<input type="checkbox"/> Boys 2011	<input type="checkbox"/> Girls 2011
<input type="checkbox"/> Boys 2012	<input type="checkbox"/> Girls 2012

Coach/Team Manager:

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: (H): _____ (W): _____ (Cell): _____

E-mail address: _____

Name and location of your local club or league: _____

Local Club or League website address: _____

I, _____ (coach or team representative) do hereby for myself, my heirs, and assigns, waive and release any and all claims to damage against the Town of Ocean City, Ocean City Recreation and Parks, and its' agents and authorized representatives conducting the Ocean City Indoor Cup, as a result of any and all injuries and illnesses incurred and possible exposure to COVID-19. In addition, I agree to abide by all decisions as rendered by official tournament staff, and will be responsible for the conduct demonstrated by all of my players, coaches, and spectators. I understand that actions by my team, coaches, and spectators may jeopardize my invitation to future tournaments hosted by the Ocean City Recreation and Parks Department. In addition, I authorize the Town to take and use any photographic images of team members for promotional purposes.

Signed: _____ Date: _____

TEAM ENTRY FEE: \$400 non-refundable fee must accompany team entry form.

Entry Deadline: **January 21, 2022** or when the tournament fills whichever is first

Mail to: 200-125th Street, Ocean City, MD 21842

Attn: Ocean City Indoor Cup

Email to: epinto@oceancitymd.gov

Checks Payable to: The Town of Ocean City

Fax to: 410-250-5409

Credit Card: Type: _____ Card # _____ Exp. Date _____

For Office Use Only: Paid: _____ Date: _____ Initials: _____