



**MRPA**  
MARYLAND RECREATION  
AND PARKS ASSOCIATION



Maryland Recreation and Parks Association Presents:

# Buffalo Wild Wings/RALS Branch Mixed Softball Tournament

*This is a USSSA sanctioned tournament*

- Divisions:** Co-ed C/D/E (based on USSSA sanction)
- When:** August 18 & 19, 2012 (Entry deadline August 15, 5 PM)
- Where:** Carroll County Sports Complex, Westminster, MD
- Format:** 5 Game Guarantee (3 games pool play Saturday seeds for double elimination on Sunday)
- Prizes:** Top five teams in each division receives team trophies  
First place team in each division receives t-shirts for all players
- Entry Fees:** \$250 per team, checks payable to MRPA

*Softballs will be provided*

All proceeds benefit the Recreation & Leisure Services Branch of the Maryland Recreation and Parks Association. For more information on MRPA please visit our website at [www.mrpanet.org](http://www.mrpanet.org)

For more information, contact Matt Purkins at 410-857-4832 or [mpurkins@ccg.carr.org](mailto:mpurkins@ccg.carr.org)

**WINGS.  
BEER.  
SPORTS.  
ALL THE ESSENTIALS.™**

Before, during, and after your games, stop  
by Buffalo Wild Wings for ballplayer  
Game Day specials!

\$3.75 Bud Lite Tall Drafts

\$4.75 Blue Moon Tall Drafts

\$4.75 Heineken Tall Drafts

\$3.50 Flying Dog – Dogtoberfest bottles

Buffalo Wild Wings is located at 404 Englar Rd., in Westminster Crossing West

**YOU HAVE TO BE HERE!**

**2012 Buffalo Wild Wings/RALS Co-ed Softball Tournament  
Entry Deadline: August 15, 2012, 5 PM**

Team Name: \_\_\_\_\_  
 Division:           Open Co-ed                           Department                           Agency Name: \_\_\_\_\_  
 Manager Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Mail completed entry form & entry fee (checks payable to MRPA):  
Matt Purkins, Carroll County Sports Complex, 2225 Littlestown Pike, Westminster, MD 21158**

**ROSTERS MUST BE TURNED IN BEFORE YOUR FIRST GAME!!!!  
PLEASE TURN IN TO TOURNAMENT DIRECTORS AT CHECK IN**

**(IF YOU ALREADY HAVE A ROSTER ON THE USSSA WEBSITE YOU DO NOT NEED TO FILL THIS OUT)**

Team Name:	
Manager:	
<b>Players Name</b>	<b>Signature (Guardian signature if under18)</b>
1.	
2.	
3.	
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20.	

**Liability –Assumption of Risk and Release of**

It is expressly agreed that all use of the Carroll County Sports Complex facilities shall be undertaken by our team and its members at their sole risk, and the Carroll County Sports Complex, Maryland Recreation & Parks Association, and Buffalo Wild Wings shall not be subject to any claim, demand, or for any loss, damage, injury, or death caused to any team member, team member's family, or team member's spectators, from any cause does hereby expressly forever release and discharge the park, it's agents, employees, successors and assigns for all claims, demands, injuries, damages, rights, or causes of accident.

It is further agreed that as a participant in this event our team and its members the undersigned knowingly and voluntarily assume any and all risk inherent to our participating and agree to abide by all regulations established by the Carroll County Sports Complex, Maryland Recreation & Parks Association, and the Amateur Softball Association.

Our team and its members further waive any right to claim against Carroll County Sports Complex, Carroll County Government, their officials, volunteers, agents, or employees for loss of life, bodily injury, property damage and/or loss, or personal loss that may be sustained as a result in participation.

Carroll County Sports Complex, Maryland Recreation & Park Association, and Buffalo Wild Wings shall not be responsible for articles lost, stolen, or damaged in the park or on the premises.

Our team and its members agree to adhere to all rules, regulations, and instructions pertaining to the event. Failure to comply could disqualify our team from participation in this event. I understand and except the risks and requirements of this activity.

**Manager's Statement:**

I acknowledge that, in consideration for being allowed to use the Carroll County Sports Complex facilities, it is my responsibility to ensure that all players have read and understand the ASA rules, Carroll County Sports Complex rules, and the rules of this tournament and have signed liability/injury waiver. I also understand that any player who has not signed can be considered an illegal player, which may result in forfeiture. I further agree to defend and indemnify the Carroll County Sports Complex, Carroll County Government, Maryland Recreation & Parks Association, and Buffalo Wild Wings from and claim or suit that any unsigned player may bring.

**I REPRESENT THAT EACH PLAYER HAS SIGNED THE TEAM ROSTER/INJURY WAIVER:**

TEAM MANAGER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_