



Neshoba County Deputy Sheriff's Association, Inc
1st Annual Cornhole/Kickball Tournament
Kickball Team Entry Information

The Neshoba County Deputy Sheriff's Association, Inc is seeking teams to play in our newly established Annual Cornhole/Kickball Tournament that will be hosted at Northside Park on September 7th, 2024, starting at 12 PM.

Entry fee for a Kickball Team will be \$150. This fee along with your registration form must be completed and turned in by August 23rd. Any team who wishes to enter after August 23rd must pay a \$25 late fee. First Responders (Police, Fire, EMS) who want to arrange a team and compete in the tournament will have a \$100 entry fee--60% of team members must be a first responder.

Kickball teams will consist of 10-12 players of ages 12 and up. Teams must designate a team captain who will be the main contact for all information relating to the tournament. Every player who plays on the day of the tournament MUST have a liability waiver signed and completed by September 2nd. Teams will be able to make a final change to their roster up until 12pm, September 7th.

The Kickball Tournament will follow the Rules of the World Adult Kickball Association which can be found at www.kickball.com/rules. Each game will last 7 innings or 1 hour, whichever comes first. There will be a random draw to see which teams compete against each other first. It will be a single elimination tournament.

1st Place will receive 40% of collected entry fees and trophy. 2nd Place will receive 25% of collected entry fees and trophy.

We hope that you consider participating in our event that is sure to be fun for the entire family. If you have any questions, please contact Trent Rickles at 601-504-4543. Thank You!



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Kickball Team Entry

Name of Team: _____

Team Captain: _____

Team Captain Address: _____

Team Captain Phone Number: _____

Entry Fee Amount: _____

For Office Use Only:

Date Received: _____ **Amount Received:** _____

Form of Payment: _____ **Received by:** _____



Neshoba County Deputy Sheriff's Association, Inc
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Kickball Team Roster

Team Name: _____

Name(please print)	Address	Phone Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		



**Neshoba County Deputy Sheriff`s Association, Inc
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Kickball Player Liability Release Waiver**

All players must READ & SIGN before they will be eligible to play.

I hereby release the Neshoba County Deputy Sheriff`s Association, Inc and Northside Park from responsibility for injuries, physical or otherwise, incurred during program activities and I agree to indemnify, defend and hold harmless the Neshoba County Deputy Sheriff`s Association, Inc, Northside Park, it`s officers, agents, employees and sanctioning bodies, from any and all claims or causes of action arising there from. I understand that participation in sports can cause injury and that injuries are a natural part of the game. I assume all risks and hazards incidental to the conduct of activities and transportation to and from the activities. In the event of a medical emergency, I hereby give permission to medical personnel to provide necessary medical treatment.

If player is under 17 years of age, parent or legal guardian must sign form as well.

Team Name: _____

Name Printed: _____

Signature: _____

Address: _____

Date of Birth: _____

Phone Number: _____

Parent/Guardian: _____

