



# IBL Houston

## APPLICATION AND RELEASE FORM

Full Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone (optional): \_\_\_\_\_

Emergency Contact Name (optional): \_\_\_\_\_ Phone Number (optional): \_\_\_\_\_

I am registering as a:  Captain  Regular Player  Substitute  Sponsor

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

Home Bar (preferred location of play for Position Round – 2 choices): \_\_\_\_\_  
\_\_\_\_\_

My e-mail address is: \* \_\_\_\_\_

\*All IBL e-mail addresses are for league use only.

FEES: \$135 per team (\$45 per player)  
\$15 per Substitute Player

\$70 for Sponsor Bars

Do you want league standings e-mailed to you?  Yes  No

**Registration** Saturday 8/13 from 7 – 8:30 pm @ George

Do you want to be notified of league news via e-mail?  Yes  No

**Registration** Thursday, 8/18 from 7:30 - 8:30 pm @ Ripcord

Would you like text notifications regarding league events  Yes  No  
(tournaments, meetings, etc. Please provide cell phone # \_\_\_\_\_)

**Final Registration & Beginning of Season Tournament**  
Sat, 8/27 @ Michael's Outpost at 2 pm with the tournament at 2:30 pm.

**Organizational Mtg** Saturday, 9/10 at 3 pm @ Tony's Corner Pocket

**First Night of Play September 15**

### APPLICATION AND RELEASE AGREEMENT

I affirm that in applying for membership in the Independent Billiard League of Houston, Inc. (hereinafter referred to as the **League**), I agree to abide by all rules, Policies and Procedures, and By-Laws adopted by the Board of Trustees and that all the information provided on this application is true and correct.

**WAIVER:** In consideration for my participation in the League and events associated therewith, I hereby for myself, my heirs, executors, and administrators waive and release any and all claims for damages I may have against the Independent Billiard League of Houston, Inc., the directors, trustees, employees, the host clubs, sponsors, and/or their agents, for any and all injuries suffered by me in conjunction with my participation in the League, sponsored events, tournaments, or affairs.

**SPONSOR:** To ensure the right of all League members to participate, the League shall not schedule League matches, meetings, or other events at locations that discriminate based on age, color, ethnic background, disability, family status, gender, national origin, race, religion, sex, sexual orientation, veteran status, or transgender/cross-dressing status.

**I HAVE READ AND FULLY UNDERSTAND THE FORGOING RELEASE OF CLAIMS AND ASSUMPTION OF RISK AGREEMENT AND HAVE VOLUNTARILY SIGNED IT THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2011.**

SIGNED: \_\_\_\_\_

### SPACE RESERVED BELOW FOR SECRETARY / TREASURER USE

Team Number: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Rcvd By: \_\_\_\_\_

Player Number: \_\_\_\_\_

Sanction Fee: \_\_\_\_\_

Check # (or cash) \_\_\_\_\_