

Polish Roman Catholic Union of America



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Micheline "Misia" Jaminski
National Vice President

63rd PRCUA NATIONAL SOFTBALL TOURNAMENT

For PRCUA Members Only-New Members Welcome

Hosted by Zakopane Dance Troupe of District 10 - Warren, MI

August 18-19, 2017

The 63rd National Softball Tournament will be held Friday & Saturday, August 18-19, 2017, at Halmich Park, 3001 Thirteen Mile Rd. Warren, Michigan 48093.

Out of town players and guests accommodations will be at the Holiday Inn and Suites, 30000 Van Dyke Warren, MI 48093. Room rates per night plus tax are: King - \$87, Double Standard - \$92, King Executive Suite - \$107, Double Family Suite - \$127. Make your room reservation as soon as possible, by calling (586) 573-7600, before **July 28, 2017** and mention our tournament.

Colleen Bonkowski and Thomas Lisiecki, Chairmen, have finalized the tournament event schedule as follows:

Friday, August 18

- * 6:00pm - Co-Ed Games-Halmich Park, 3001 Thirteen Mile Rd. Warren, MI 48093
- * 7-10pm-Welcome Gathering-Holiday Inn & Suites, 30000 Van Dyke, Warren, MI 48093

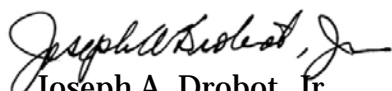
Saturday, August 19

- * 9:00am-Men's/Women's Games- Halmich Park, 3001 Thirteen Mile Rd. Warren, MI 48093
- * Lunch will be served at the Pavilion within walking distance of the fields
- * 5:30pm-Awards Banquet- American Polish Century Club of Sterling Heights, 33204 Maple Lane, Sterling Heights, MI 48312. Players are free. All guests \$25 per person. Dinner includes full meal, beer and wine. Cash Bar. For reservations, contact Colleen Bonkowski at 586 219-1982.

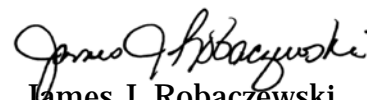
Mass times -St. Mary, Our Lady Queen of Family, 25295 Van Dyke, Center Line 48015
Saturday 4:00pm Sunday 11:00am

Enclosed is the entry form that must be completed and returned to the home office, together with \$50.00 entry fee per team. All players must be PRCUA members in good standing. Each player may only sign one roster and must submit a Waiver of Liability form. Players must agree to abide by the PRCUA rules and regulations of good sportsmanship and fair play on and off the playing fields. Make your check payable to PRCUA Softball, and mail to: PRCUA Fraternal Department, 984 N. Milwaukee, Chicago, IL 60642 or enter online at www.prcua.org/sports and pay online at www.prcua.org/payonline. All mailed entries must be postmarked or submitted by **August 3, 2017**. For additional information: fraternal-department@prcu.org or 773-782-2630.

Check the Narod Polski, PRCUA website (www.prcua.org/sports), or Facebook page for updates.


Joseph A. Drobot, Jr.
President


Micheline I. Jaminski
Vice-President


James J. Robaczewski
Secretary-Treasurer



ENTRY FORM
63rd PRCUA NATIONAL SOFTBALL TOURNAMENT - AUGUST 18-19, 2017
 HOSTED BY ZAKOPANE DANCE TROUPE OF DISTRICT 10, WARREN, MI
 COLLEEN BONKOWSKI & THOMAS LISIECKI, CHAIRMEN

SEND APPLICATION & FEES TO:
 PRCUA FRATERNAL DEPARTMENT
 984 N. MILWAUKEE AVENUE
 CHICAGO, IL 60642.
ENTRY FEE IS \$50.00 PER TEAM.
THESE FEES ARE NON-REFUNDABLE.
 MAKE CHECK PAYABLE TO: PRCUA
 SOFTBALL OR PAY ONLINE AT
www.prcua.org/payonline

TEAM NAME _____ CITY _____ ST _____

THE TOURNAMENT WILL BE PLAYED AT WOODHAVEN RECREATION CENTER BASEBALL FIELD, 23101 HALL RD., WOODHAVEN, MI

MARK AN "X" IN THE SQUARE INDICATING IN WHICH DIVISION YOUR TEAM WILL PLAY:

FRIDAY/AUGUST 18, 2017/6:00PM: CO-ED
 SATURDAY/AUGUST 19, 2017/9:00AM: MEN'S OPEN MEN'S 35-54 YRS MEN'S 55 & OVER WOMEN'S OPEN

EACH PLAYER MAY ONLY SIGN ONE ROSTER. **THE UNDERSIGNED MEMBERS DO HEREBY STATE THAT THEY ARE MEMBERS IN GOOD STANDING WITH THE PRCUA.** THE PLAYERS AGREE TO ABIDE BY THE PRCUA RULES AND REGULATIONS AND RULES OF GOOD SPORTSMANSHIP AND FAIR PLAY ON AND OFF THE FIELD. LOCAL SOFTBALL RULES APPLY IN THIS TOURNAMENT. EACH PLAYER MUST PERSONALLY SIGN HIS OR HER NAME TO THIS FORM.

AS MANAGER OR COACH OF THE ABOVE TEAM, I AM RESPONSIBLE FOR THE CONDUCT OF ALL PLAYERS AND THAT ALL THE INFORMATION ON THIS FORM IS CORRECT. I UNDERSTAND THAT IF ANY PLAYER'S INFORMATION HAS BEEN FALSIFIED FOR ANY REASON, ALL GAMES IN WHICH THAT PLAYER(S) PARTICIPATED WILL BE FORFEITED.

MANAGER/COACH _____ ADDRESS _____ CITY _____ ST _____ ZIP _____ PHONE _____ EMAIL _____

PRINT-PLAYER'S NAME	ADDRESS	CITY	ST	ZIP	PHONE	SIGNATURE	SOC #	ROST#
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

CERTIFICATION OF MEMBERSHIP: The Undersigned certifies that **ALL** players whose names are shown on the entry form are Members of the PRCUA. Competition is limited to PRCUA members only. **ENTRIES MUST BE POSTMARKED BY AUGUST 4, 2017.** Contact Information: Fraternal Department, 773-782-2601

SOCIETY PRESIDENT _____ SOCIETY FINANCIAL SECRETARY _____ SOCIETY # _____ DATE _____

Adult Waiver/Release
AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Polish Roman Catholic Union of America athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Polish Roman Catholic Union of America, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ DATE SIGNED: _____
(Participant's Signature)

Emergency Phone Number: (_____) _____

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

_____ DATE SIGNED: _____
(Parent/Guardian Signature)

Emergency Phone Number: (_____) _____