



*A Legal Reserve Fraternal Benefit Society*

## Polish Roman Catholic Union of America

984 North Milwaukee Avenue, Chicago, Illinois 60642-4101 • [www.PRCUA.org](http://www.PRCUA.org)  
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[mateusz-bomba@prcu.org](mailto:mateusz-bomba@prcu.org)

### **1<sup>st</sup> National PRCUA Volleyball Tournament** **November 3-4, 2017 – Hosted by the Opole Dancers** **WARREN, MI**

The 1<sup>st</sup> National PRCUA Volleyball Tournament will be held on Friday, November 3, 2017 and Saturday, November 4, 2017 in Warren, MI, hosted by the Opole Dancers. The committee, chaired by Deann Kujawski and Jennifer Vernon, has finalized the events as follows:

**HOTEL ACCOMODATIONS:** Holiday Inn & Suites, Warren  
30000 Van Dyke Avenue  
Warren, Michigan, 48093

For reservations please call (586) 573-7600 by October 20, 2017 and mention PRCUA Volleyball Tournament.  
Room rates per night are: King Standard Room - \$87 plus tax; 2 Double Standard Room - \$92 plus tax.

**SPORTS VENUE:** Warren Woods Christian School  
14000 E. 13 Mile Road  
Warren, MI 48088  
Directions will be provided with a handout at the hotel.

**GAME DIVISIONS:** Men's Open (6 vs 6) – Saturday, November 4, 2017  
Women's Open (6 vs 6) – Saturday, November 4, 2017  
Co-Ed (6 vs 6) – Friday, November 3, 2017


**HOSPITALITY GATHERING:** Friday, November 3, 2017 at the hotel from 7pm-10pm.


**AWARDS BANQUET:** Sterling Heights Fraternal Order of Police, Lodge 118  
37445 Mound Road  
Sterling Heights, MI 48310  
Doors open at 6 PM.


**MASS:** St Anne's, 32000 Mound Rd, Warren, MI 48092 Sunday 8:45AM. Donuts will be served after mass.

Enclosed is the Entry Form and Adult Waiver/Release of Liability that must be completed and returned to the home office, together with the \$50.00 entry fee per team. All players must be PRCUA members in good standing. Each player may only sign one roster. Players must agree to abide by the PRCUA rules and regulations of good sportsmanship and fair play on and off the court. MHSAA Volleyball Rules apply, no Libero. Make your check payable to PRCUA or use the Online Payment option at [www.prcua.org/payonline](http://www.prcua.org/payonline). **All entries must be postmarked or submitted by October 20, 2017.** **Please note:** no alcoholic beverages or tobacco products are allowed on the premises of the Sports Venues.

New PRCUA players welcomed and encouraged to join in the fun. If there are any question please call the Fraternal Department: 1 800 772-8632 ext. 2636.

  
Joseph A. Drobot, Jr.  
National President

  
Micheline Jaminski  
Vice President

  
James Robaczewski  
Secretary Treasurer

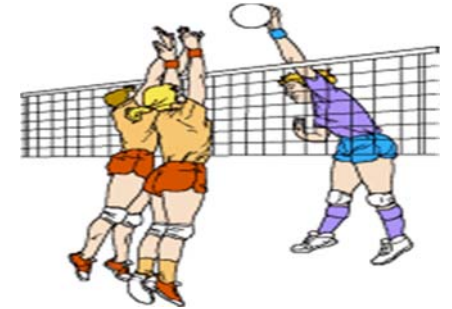


# 1<sup>st</sup> National PRCUA Volleyball Tournament

WARREN, MI

Friday, November 3 - Saturday, November 4, 2017

Hosted by the Opole Dancers



## ENTRY FORM

Team Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Mark the circle indicating in which Division your team will play:  Men's Open (6 vs 6)  Women's Open (6 vs 6)  Co-Ed (6 vs 6)

**Each player may only sign one roster.** The undersigned hereby confirms that they are members of PRCUA in good standing. This tournament is for PRCUA members ONLY. Non-members are invited to join the PRCUA. Players agree to abide by the PRCUA rules and regulations of good sportsmanship and fair play on and off the court.

PRINT PLAYER'S NAME	ADDRESS - NUMBER, STREET, CITY, ZIP	CELL PHONE #	E-MAIL ADDRESS	SOCIETY #	ROSTER #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Entry fee is \$50.00 per team. Fees are non-refundable.

Make your check payable to PRCUA or use the Online Payment Option at [www.prcua.org/payonline](http://www.prcua.org/payonline).

Send application and fee to: PRCUA c/o Fraternal Dept., 984 N. Milwaukee Ave., Chicago, IL 60642-4101. Entry fees must be paid prior to the tournament.

As manager or coach of the above team, I am responsible for the conduct of all of my team players and for the correctness of all of the above information. 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.

Captain/Coach: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

**Entries must be postmarked no later than October 20, 2017.**

**Adult Waiver/Release**  
**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.

\_\_\_\_\_  
Participant's Name  
(PLEASE PRINT)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
DATE

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.

\_\_\_\_\_  
Parent/Guardian's Name  
(PLEASE PRINT)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
DATE

Phone Number: (\_\_\_\_\_) \_\_\_\_\_