

**COOPERSVILLE 2010 WATERBALL TOURNAMENT**  
**AUGUST 11, 2010 6:00 P.M.**  
**OTTAWA STREET**

**TEAM REQUIREMENTS**

6 team members  
1 nozzle  
2 nozzle backup  
1 guard  
1 guard backup  
1 coach

**PROTECTIVE GEAR**

Goggles  
Approved tennis shoes  
**NO FLIP FLOPS**

**RULES**

Two - two minute heats. Switch ends after first heat.  
Nozzle and backup people to be behind IS foot mark at start of game. They may roam anywhere after time has started.  
Nozzle persons will cross water streams over ball at start of game. Guard and guard backup/coach may not cross 40-foot mark.  
Guard may turn water on at 15-foot mark and turn water off at 7 ½ foot mark.  
Coach must stay 4 feet across from players, they are allowed move hose for the contestants outside of the 4-foot range, as required, as well as to yell instructions.  
Only team captains are to approach judges for questions or concerns. All judges' decisions will be final.

**TIMING**

Time starts when the ball is pushed passed the 3-foot dead zone.  
15 seconds is added to the time for a goal (ball pushed to the end of the cable).  
Game time will be halted while the ball is repositioned to the center of the court.  
Total time at the end of both heats determines the winner.  
In the event of a tie, two one minute heats will be played with the winner of the first two minute heat picking goal to defend in the first tie breaker heat. In the event that heat one is a tie then the team with the youngest player on it chooses which goal to defend first.

**PENALTIES**

5 seconds for guard helping past the 7 ½ foot mark.  
20 seconds for receiving outside help.  
Intentional directing of water stream at opposing team, TEAM DISQUALIFICATION.  
Intentional dropping or throwing of the nozzles, TEAM DISQUALIFICATION.

**ELIMINATION**

Decision for making this a single or double elimination shall be determined by the number of team entries.

**HOSE LAYOUT**

As per sketch  
10-12 year olds pressure shall be 30 PSI with both lead nozzles open.  
13-15 year olds pressure shall be 45 PSI with both lead nozzles open.

**COURT LAYOUT**

As per sketch.

For questions, call Daniel Schippers 638-1114 or Bryan Deloof 837-5131.

# WATERBALL

INDEMNIFICATION  
(TO BE SIGNED BY PARENT OF PLAYER)

I understand that all recreation activities involve some risk of injury. I hereby agree to hold the City of Coopersville, any employee of the City, and any volunteer working in conjunction with the Coopersville Area Chamber of Commerce, harmless from all claims, cause of action or judgments from any damage to property and/or injury which may arise from my (or my child's) participation in this activity.

**I FREELY ACCEPT THE RISKS ASSOCIATED WITH WATERBALL.**

**SIGNED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**MINORS NAME (PRINTED):** \_\_\_\_\_

**AGE ON AUG. 11, 2010:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

All applications must be turned into Coopersville City Hall by 5:00 P.M., Tuesday, August 10, 2010.

# WATERBALL

INDEMNIFICATION  
(TO BE SIGNED BY PARENT OF PLAYER)

I understand that all recreation activities involve some risk of injury. I hereby agree to hold the City of Coopersville, any employee of the City, and any volunteer working in conjunction with the Coopersville Area Chamber of Commerce, harmless from all claims, cause of action or judgments from any damage to property and/or injury which may arise from my (or my child's) participation in this activity.

**I FREELY ACCEPT THE RISKS ASSOCIATED WITH WATERBALL.**

**SIGNED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**MINORS NAME (PRINTED):** \_\_\_\_\_

**AGE ON AUG. 11, 2010:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

All applications must be turned into Coopersville City Hall by 5:00 P.M., Tuesday, August 10, 2010.

# WATERBALL

INDEMNIFICATION  
(TO BE SIGNED BY PARENT OF PLAYER)

I understand that all recreation activities involve some risk of injury. I hereby agree to hold the City of Coopersville, any employee of the City, and any volunteer working in conjunction with the Coopersville Area Chamber of Commerce, harmless from all claims, cause of action or judgments from any damage to property and/or injury which may arise from my (or my child's) participation in this activity.

**I FREELY ACCEPT THE RISKS ASSOCIATED WITH WATERBALL.**

**SIGNED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**MINORS NAME (PRINTED):** \_\_\_\_\_

**AGE ON AUG. 11, 2010:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

All applications must be turned into Coopersville City Hall by 5:00 P.M., Tuesday, August 10, 2010.

# WATERBALL

INDEMNIFICATION  
(TO BE SIGNED BY PARENT OF PLAYER)

I understand that all recreation activities involve some risk of injury. I hereby agree to hold the City of Coopersville, any employee of the City, and any volunteer working in conjunction with the Coopersville Area Chamber of Commerce, harmless from all claims, cause of action or judgments from any damage to property and/or injury which may arise from my (or my child's) participation in this activity.

**I FREELY ACCEPT THE RISKS ASSOCIATED WITH WATERBALL.**

**SIGNED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**MINORS NAME (PRINTED):** \_\_\_\_\_

**AGE ON AUG. 11, 2010:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

All applications must be turned into Coopersville City Hall by 5:00 P.M., Tuesday, August 10, 2010.

# WATERBALL

INDEMNIFICATION  
(TO BE SIGNED BY PARENT OF PLAYER)

I understand that all recreation activities involve some risk of injury. I hereby agree to hold the City of Coopersville, any employee of the City, and any volunteer working in conjunction with the Coopersville Area Chamber of Commerce, harmless from all claims, cause of action or judgments from any damage to property and/or injury which may arise from my (or my child's) participation in this activity.

**I FREELY ACCEPT THE RISKS ASSOCIATED WITH WATERBALL.**

**SIGNED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**MINORS NAME (PRINTED):** \_\_\_\_\_

**AGE ON AUG. 11, 2010:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

All applications must be turned into Coopersville City Hall by 5:00 P.M., Tuesday, August 10, 2010.

# WATERBALL

INDEMNIFICATION  
(TO BE SIGNED BY PARENT OF PLAYER)

I understand that all recreation activities involve some risk of injury. I hereby agree to hold the City of Coopersville, any employee of the City, and any volunteer working in conjunction with the Coopersville Area Chamber of Commerce, harmless from all claims, cause of action or judgments from any damage to property and/or injury which may arise from my (or my child's) participation in this activity.

**I FREELY ACCEPT THE RISKS ASSOCIATED WITH WATERBALL.**

**SIGNED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**MINORS NAME (PRINTED):** \_\_\_\_\_

**AGE ON AUG. 11, 2010:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

All applications must be turned into Coopersville City Hall by 5:00 P.M., Tuesday, August 10, 2010.