



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# GAME ON

## ESPORTS TOURNAMENT

December

26-29th, 2023

Participants will be playing for two days, broken into brackets. It is a double elimination tournament with both a winners and losers bracket. Those on the losers bracket have the opportunity to make their way back to the winners bracket. Pizza and drinks will also be provided during this fun activity!

Night 1: Round Robin Style [\(create seeding\)](#)

Night 2: Double Elimination

Winners will receive a \$25 gift card [\(1 overall winner for each game\)](#)

Equipment: players may bring in their own PS5 Controller, keyboard/mouse, and headset.

Players must compete in both games even if not selected

**Fees: Members \$25 / Non-members \$50**

**50% off if you are registered for the ESports League**

**Game options: PS5 or Nintendo Switch**

[\(Each participant may only register for two games\)](#)

(Solo matches)

Smash Bros (Rated E)

Mario Kart (Rated E)

Rocket League (Rated E)

Fortnite (Rated T)

Overwatch (Rated T)

**LOCATIONS:** [\(Please check location.\)](#)

KALONA YMCA REC CENTER (THE LOFT)

WASHINGTON COMMUNITY Y

**(LOCATION SUBJECT TO CHANGE)**

3<sup>rd</sup>-8<sup>th</sup> Grades: Mon/Tues Dec 26/27

High School Division Wed/Thurs Dec 28/29

**ATTENTION PARTICIPANTS!**

Set up & practice 5:00pm.

Time: 6pm - 8:30pm.

Participants must be present by 5:45pm in order to be registered in to a bracket. Good luck, have fun, and play hard!

### ESPORTS REGISTRATION FORM

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Games (Only two): \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Waiver of Liability: I understand that even when reasonable precaution is taken, accidents sometimes happen. Therefore in exchange for the YMCA of Washington County allowing my child to participate in ESPORTS, I understand and expressly acknowledge that I release the YMCA of Washington County from all liability for injury loss and damage connected in any way whatsoever to my child. I understand this release includes claims of negligence, action or inaction of staff, directors, guest or volunteers.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, contact Ryan Harris at [rharris@washingtonty.org](mailto:rharris@washingtonty.org) or Lucas Mullen at [lmullen@washingtonty.org](mailto:lmullen@washingtonty.org)

YMCA OF WASHINGTON COUNTY  
[washingtonty.org](http://washingtonty.org)  
319-653-2141

WASHINGTON COMMUNITY Y  
520 W. 5th Street  
Washington, IA 52353

KALONA YMCA REC CENTER  
511 C. Avenue  
Kalona, IA 52247