

Community Youth Dodge Ball Tournaments Release Form

Jr High (6<sup>th</sup> - 8<sup>th</sup> grade) Sat Jan 8, 2011 Check-in 1130am

Sr High (9<sup>th</sup> - 12<sup>th</sup> grade) Sat Jan 8, 2011 Check-in 230p

Division: (circle one) Sr High Jr High

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

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

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

Gender: F M 2010-11 grade \_\_\_\_\_

School: \_\_\_\_\_

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

Parent(s) Names: \_\_\_\_\_

Home phone: \_\_\_\_\_ Parent cell \_\_\_\_\_

Youth cell phone \_\_\_\_\_

I give permission for my son/daughter to participate in this Community Youth Dodgeball Tournament and release the tournament hosts and Facility from any accidental harm which might occur to my son/daughter.

\_\_\_\_\_  
Parent signature Date

\_\_\_\_\_(check if this applies) I also give permission for photos, videos, interviews or statements by my son/daughter named above to be used in case of media inquires.

\_\_\_\_\_ \$5 cash or check (made out to CUMC) is attached so my son/daughter may participate. (please attach this to your team's registration form)  
*If you have any questions please contact Barb at 801 792 7478.*