

# DODGEBALL TOURNAMENT



Calling All MIDDLE SCHOOLERS, do you have what it takes ” dodge, duck, dip, dive, and dodge”? That’s right we are talking about dodgeball and for this program you will want to be the last team standing!

You must be part of a team to register and in order to play a parent/guardian needs to fill out this form! Teams will be made up of 6 players, teams should coordinate a team color./uniform.

**Only 8 teams are able to be entered so register early! Deadline is FEB. 16TH!**

Bonus prizes will be awarded to the team(s) with the most team spirit!

**Team Name:** \_\_\_\_\_ **Team Captain:** \_\_\_\_\_



## SCHEDULE

<b>D A T E S :</b>	Friday, March 2nd, 2018
<b>T I M E :</b>	6:00pm—8:30pm
<b>C O S T :</b>	FREE!
<b>G R A D E S :</b>	4th to 8th
<b>L O C A T I O N :</b>	Clinton Middle School Gym

### Dodgeball Tournament

Name (please print) \_\_\_\_\_ DOB \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Email \_\_\_\_\_ Allergy/Medical Information \_\_\_\_\_

Name of Parent/Guardian (if under 18) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I give Clinton Parks & Recreation permission to use pictures taken during the program on their website and in promotional materials.

#### INJURY WAIVER:

In consideration of participation of the minor player named above in this recreation program, the undersigned parent or guardian hereby consents to his/her participation and releases and holds harmless the Towns of Clinton and the Clinton School District and their officers, agents, and employees from any liability for, and waives all claims, suits, or causes for action that the undersigned, as parent or guardian, and said minor, either before or after he/she may reach his/her age of majority, may have now or hereafter based on or arising from, any injury suffered or incurred by the minor player as a result of, or in conjunction with, his/her participation in said recreation program. Such waiver and release to be in effect without regard to whether such injury is the result of or caused by the fault of the town of Clinton or the Clinton School District or any of their officers, agents, or employees. This instrument is intended to take effect as a sealed instrument. I further certify that my child is medically fit to participate in the above recreation program.

Signature \_\_\_\_\_

Date \_\_\_\_\_