Community Youth Dodge Ball Tournaments Release Form

Jr High (7th – 8th grade) Sat Jan 7, 2012 Check-in 1130am
Sr High (9th- 12th grade) Sat Jan 7, 2012 Check-in 230p

Division: (circle one) Sr High Jr High

Team Name:_____

First Name:_____Last Name_____

Address:_____

City_____State_____Zip_____

Gender: F M 2009-2010 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.