

Student Waiver

Each & every student who plans to participate in this event needs to turn in a completed waiver. Please bring this completed form with you the day of the event. At registration (date) your team captain will collect these forms and turn them in with payment for you and your team.

I hereby give permission for my (son/daughter) _____ to participate in the Dodgeball Tournament on (date) at (location) from (time). I understand that my child will be playing competitive dodgeball and could be injured at this event. In the event of an emergency, I give my permission for the Youth Staff to provide any medical care they deem necessary **after** notifying the parent or guardian. We will have professional medical help on standby for any needed assistance. **Students will not be permitted to leave the (location) during this event.** If for some reason a student needs to leave early then please state the time, the reason, and adult/parent that will be picking them up, or if they will be driving themselves. *I also grant permission to use any video/pictures for publicity purposes.*

Student name: _____ Date of Birth: _____

Emergency Contact Number: _____

Leaving Early: (yes / no) Reason: _____

Parent/Adult Picking up: _____ Student has License? (yes / no)

Student Signature: _____

Parent Signature: _____

Questions? Contact us at ...