

DODGEBALL TOURNAMENT PERMISSION SLIP AND WAIVER FORM

I _____ have read and understand the rules and regulations of the 2020 SHS Dodgeball Tournament and understand that any violations of the rules provided could/will result in the disqualification of my entire dodgeball team. As a participant of _____ team, my team and I will report to the SHS gym on Saturday, January 25th by 11:45 am, start times for each division are dependent upon the number of teams participating:

DIVISION A Grades 5 – 8 – 12 (round 1)

DIVISION B - High School – (round 2)

DIVISION C – Adults – (round 3)

The winner of Division B and C will play a one game “bragging rights” game.

At this time on Saturday, January 25, all of the rules for the tournament will be discussed.

I give my child permission to participate in the Salem High School RAM Dodgeball Tournament on Saturday, January 25, 2020. I understand that they have been provided with all the rules and regulations of the dodgeball tournament and I acknowledge that any violations of these rules could/will result in the disqualification of my team.

I also understand that I/my child understands all the risks of playing in the Salem High School Dodgeball Tournament and will not hold Salem City School District, or any person playing or refereeing the dodgeball tournament responsible for any injuries incurred during the duration of the event.

Participant’s Signature

Date

Parent’s Signature (If under 18 years of age)

Date

***Please duplicate this form for each member of the team**