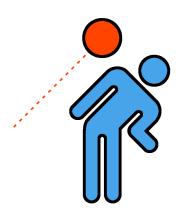
### 15th Annual Central Bucks East

### DODGEBALL TOURNAMENT

#### **Information Sheet**



Thurs, Nov 18th, 2021 6:00PM - 9:00PM Check in 5:30-5:45 CB East Gym

### **Team Sign-up Forms**

**Step one:** Organize your team. You will need six players. Assign one person to serve as the team captain.

**Step two:** The required entry fee will be **\$10 per person**.

**Step three:** Each player must have a signed waiver for the team to participate.

**Step four:** Make a team name and design a team uniform.

**Step five:** Turn in the team roster form, all six signed waivers, and \$10 per player to room D123 (Mrs. Prothero) **BEFORE school / B LUNCH or AFTER school ONLY** 

#### PLEASE NOTE:

- ➤ There is room only for 48 teams in the tournament. Teams will be accepted on a first come first serve basis until Thursday, November 11<sup>th</sup>
- ➤ Team Captains will be REQUIRED to attend ONE of the 30 minute informational meetings taking place on Monday, November 15<sup>th</sup> OR Tuesday, November 16<sup>th</sup> after school in Mrs. Prothero's room (D123).

#### **Team Roster Form**

Team Name:		
Captain:		
email address:		
Player 1:		
Player 2:		
Player 3:		
Player 4:		
Player 5:		
_		

Make sure that you turn in this paper with all 6 waivers attached & the \$10/player.

#### **Waiver**

Please read this information carefully and be aware that in signing up and participating in this tournament, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with this activity.

Players Under 18:		
<b>,</b>	ease print) to take part in the D	sion for my son/daughter, odgeball Tournament at Central ursuant to the waiver and release
Parent Name (please print)	Parent Signature	Date
Players 18 and Over:		
I understand the information abo	ve and hereby attest that I am	of or above the age of 18.
Player's Name (please print)	Player's Signature	Date
Players Emergency Information Players name: Name of team you are participati	na with:	Date of Birth:
Home Phone #:	Email address:	
Emergency Contact Name:	Phon	e #:

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Parent Name (please print)	Parent Signature	 Date	
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Player's Name (please print)	Player's Signature	 Date	
Players Emergency Information Players name:  Name of toam you are participe		Date of Birth:	
Name of team you are participa Home Phone #:	Email addr	ess.	-
Emergency Contact Name:	<del></del>	Phone #:	

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