



DODGEBALL TOURNAMENT APPLICATION

Open to Students Grades 4th-12th, Coaches, Faculty & Community

Friday, November 16th @ 7:00 PM

High School Gymnasium

1. Find 5 people to make up a Team (sneakers are required)

First, Last Name	Grade	Phone Number	E-Mail Address

2. Come up with a catchy Team Name (Appropriate, please!)

3. Complete Risk of Injury form (One per participant)

4. Collect \$3.00 from each team member for a total of \$15.00 and

5. Select Category:

- Grades 4-6
- Grades 7-9
- Grades 10-12
- Open Bracket (Community, Faculty and Coaches)

6. Return One Team Application, Entry Fee & ALL Release Form by Wednesday, November 7th to Mr. James at the High School & Mrs. Jewiss at the Elementary School.

Community Applications can be dropped off to the High School or Mailed to
Life of an Athlete, Pure Olympian Performance PO Box 339 Marathon NY, 13803



COMMUNITY DODGEBALL TOURNAMENT RISK OF INJURY STATEMENT

Participant's Name: _____ Name of Team: _____ Grade: N/A 4 5 6 7 8 9 10 11 12

Street Address: _____ City, State, Zip _____

EMERGENCY INFORMATION

Please Provide All of the Following Information for Students

Parent/Guardian _____ Father's Work Phone _____ Cell Phone _____

Home Phone No. _____ Mother's Work Phone _____ Cell Phone _____

If I Cannot Be Reached Please Contact the Emergency Contact Below (Required for Community Members)

Name of Contact: _____ Relationship: _____ Phone No. _____

While I/we expect school authorities to exercise reasonable precautions to avoid injury, I/we realize that there is a risk of injury that is inherent in all extracurricular recreational activities, including dodgeball. I/we also realize that this risk may be severe, including, but not limited to, disability, paralysis, or even death.

I understand that the district will be using a custom designed dodgeball made of coated foam construction that is lighter and softer than traditional rubber playground balls. The no-sting cover is designed for both PE and Educational environments. In addition, the school district will provide safety glasses for anyone wishing to use them at the event. All students will be required to wear safety glasses unless their parent or guardian checks the appropriate release statement below.

Because of the possible dangers of participating in a Dodgeball Tournament, I/we recognize the importance of the all participants following the instructions of the officials and the rules of the game and other rules or instructions provided at the event.

RELEASE STATEMENT FOR ALL PARTICIPANTS

In consideration of the Marathon Central School District permitting me to participate in the Dodge Ball Activity associated with the Pure Olympian Performance Program, I hereby assume all risk associated with participation and agree to follow the instructions regarding playing techniques, training and other team rules or instructions. I affirmatively state that I am also aware of the potential of injury and have no condition(s) that would prevent me from participation or increase my risk of injury.

Participant's Signature

Date

SAFETY GLASSES STATEMENT FOR COMMUNITY MEMEMBERS ONLY

I/we would like to play with the safety glasses provided by the school district.

I/we would not like to play with the safety glasses provided by the school district and understand that this may increase the risk of injury.

Community Member's Signature

Date

RELEASE STATEMENT FOR ALL ELEMENTARY AND HIGH SCHOOL PARTICIPANTS

I/we hereby acknowledge receipt of this risk and considering such risk give permission for my child to participate in Dodgeball Tournament at the Marathon Central School District. I affirmatively state that my child is also aware of the potential of injury and has no condition(s) that would prevent participation or increase the risk of injury.

I/we would like our child to play with the safety glasses provided by the school district.

I/we would not like our child to play with the safety glasses provided by the school district and understand that this may increase the risk of injury.

Parent/Guardian Signature (Required for All Students)

Date