

2012 Plymouth Recreation's 6th Annual Dodgeball Tournament

DRESS UP IN YOUR CRAZIEST TEAM OUTFITS!! PRIZES FOR BEST TEAM OUTFITS!!! 10 TEAMS PER DIVISION MAX!!!

Registration DEADLINE is FRIDAY FEBRUARY 10

DATE: SATURDAY FEBRUARY 18th

LOCATION: Manomet Youth Center

FEE: \$45 per team / 5 players per team

TIME: Grades 3&4 9:00am-12:00pm

Grades 5&6 12:30pm-3:30pm

Grades 7&8 4:00pm-6:30pm

TO ENTER, COMPLETE THE FOLLOWING

1. Create a Team Name
2. Find an Adult Sponsor
3. Each Team completes an application form below.
4. Have each team member's parent/guardian sign registration form
5. Bring in application with \$45.00 team fee

FOR MORE INFORMATION, PLEASE CONTACT THE MANOMET YOUTH CENTER @ 508-830-4114 or email recreation@townhall.plymouth.ma.us .

Date: _____ **Fee:** \$45 per team **Grades:** 3&4 5&6 7&8 **Team Name:** _____

Adult Sponsor: _____ **Phone:** _____ **Email:** _____

(Adult sponsor is responsible for: attending the event, monitoring the youth on their team and knowing and enforcing the rules of the game!)

Participant's Name	Grade	Address	Phone	Parent's Signature

Parental Consent and Parent/Guardian Waiver, Release of Claims and Assumption of Risk.

I, the parent/guardian of the child named above (or adult participant named above), have been made aware that the Town of Plymouth, the Recreation Department and its related parties are not covered by insurance for persons injured while taking part in Recreation Department programs. In consideration of my child's upcoming participation, I hereby hold the Town of Plymouth, its servants and employees and related parties harmless from any injury my child may incur during said participation. Further, I am delegating authority in advance of any specific diagnosis or treatment to an authorized person from the Recreation Department and the doctor/clinic/hospital to exercise their best judgment as to necessary medical/surgical treatment for my child in the event I cannot be reached. I agree to hold harmless the Town of Plymouth, the Recreation Department, its servants and employees, its related parties and the doctor/clinic/hospital treating my child for failure to obtain my consent. I further grant authorization for any pictures taken of my child to be used for publicity and promotional purposes.