

DODGEBALLTOURNAMENT

REGISTRATION/INJURY WAIVER 2019-2020

(SPONSORED BY THE MMCRU SENIOR CLASS)

Team Name: _____, Contact's Name: _____

Contact's phone #: _____

Injury Waiver

I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in the MMCRU Dodge Ball Tournament.

I hereby release Remsen-Union Community School District & Marcus Meriden Cleghorn Community School District, its employees, owners, and participants from any claims, demands and causes of action arising from my participation in the MMCRU Dodge Ball Tournament.

I fully understand that I may injure myself and hereby release Remsen-Union Community School District & Marcus Meriden Cleghorn Community School District, its' owners, employees and participants from any injury or illness, however caused, occurring during or after my participation in the MMCRU Dodge Ball Tournament.

Team Member 1	_____	_____	_____
	Print participants name here	Sign Here (Parent's name if under 18)	Date

Team Member 2	_____	_____	_____
	Print participants name here	Sign Here (Parent's name if under 18)	Date

Team Member 3	_____	_____	_____
	Print participants name here	Sign Here (Parent's name if under 18)	Date

Team Member 4	_____	_____	_____
	Print participants name here	Sign Here (Parent's name if under 18)	Date

Team Member 5	_____	_____	_____
	Print participants name here	Sign Here (Parent's name if under 18)	Date

Team Member 6	_____	_____	_____
	Print participants name here	Sign Here (Parent's name if under 18)	Date

Team Member 7	_____	_____	_____
	Print participants name here	Sign Here (Parent's name if under 18)	Date

Team Member 8	_____	_____	_____
	Print participants name here	Sign Here (Parent's name if under 18)	Date

Team Member 9	_____	_____	_____
	Print participants name here	Sign Here (Parent's name if under 18)	Date

Team Member 10	_____	_____	_____
	Print participants name here	Sign Here (Parent's name if under 18)	Date