

Please print names legibly.

Participant's Name: _____ Grade _____

Participant's Name: _____ Grade _____

Waiver: I understand that playing dodge ball may be inherently dangerous. I hereby release and hold harmless the Charlton PTO, and the DCRSD from liability, in the event of an injury sustained to the participant(s) listed above, as a result of participation in the 8th grade dodgeball tournament on 11-15-2019.

Signature of parent/guardian _____

Printed Name _____ Phone # _____

Date signed _____

Checks payable to: Charlton PTO

TOURNAMENT FORMAT WILL BE DETERMINED BASED ON THE TOTAL NUMBER OF STUDENTS THAT HAVE REGISTERED.

Please contact charltonpto@yahoo.com with any questions.

Please return this completed registration form and entry fee to your child's homeroom, no later than, **Nov 8th**.

Thank you!