

MEDICAL RELEASE

I give my Student

permission to take part in **The Dodgeball Tournament**

October 27, 2020

In the event that he or she is injured while participating, I do hereby release Church at the Cross, or any of its representatives, from any liability for accidents or injury sustained by my child in conjunction with this event.

Parent or Guardian over the age of 18 signature:

MEDICAL FORM

Team _____

October 27, 2021
Church at the Cross
Dodgeball Tournament

STUDENT INFORMATION

Student's Full Name _____

Student's email _____@_____

Phone (_____) _____ - _____

Age _____ Birth Date ____ / ____ / ____ Sex: M / F

School _____ Grade _____

Street Address _____

City _____ State _____ Zip _____

IN CASE OF EMERGENCY, NOTIFY:

Full Name _____ Relationship to student _____

Phone #1 (_____) _____ - _____

Phone #2 (_____) _____ - _____