

# LCC Dodgeball is Back!



**Tuesday, March 20, 2012**

**6:00-8:00 pm**



## **PTA General Association Meeting Elections for '12/'13**

*Bring your parents to watch the games.*

*Snacks will be sold at the tournament.*

**Make your own 6-person dodge ball team!**

### **How to Form a Team**

- Find 6 eligible LCC students that want to play. (LOP students are not eligible.)
- Learn the rules and take advantage of practice time during lunch.
- Create your team name. Be creative and appropriate!
- (Optional) create a team theme and/or uniforms to go with your team name.
- Turn in all paperwork by the due date listed below.

### **Team Rules**

- 6-person teams only.
- No coed teams (boys and girls teams will compete separately).
- LCC Dress Code applies to all team uniforms.

### **How to Sign Up**

- ✓ Fill out the complete application and return to the front office by *March 13, 2012*.
- ✓ Have your parents fill out and sign the waiver located on the back of this page.
- ✓ Bring \$12 to sign up the entire team.

Student Name: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

AR Teacher Name: \_\_\_\_\_ AR Room # \_\_\_\_\_

Team Name \_\_\_\_\_

Other Team Members:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please have your parent sign and complete the waiver on the back of this page. Please turn in your \$12.00 team tournament fee and all paperwork to the ASB Booth by Tuesday, *March 13, 2012*.

Late and incomplete applications will not be accepted.

For Dodgeball players

**Parent Approval and Student Waiver Form**

The minor listed below has my permission to participate in the Fifth Annual Dodgeball Tournament on March 20, 2012, 6:00 to 8:00, at LCC Middle School.

I, as parent or guardian of the minor, do hereby, for my child, myself, my heirs, executors and administrators, remise, release, and forever discharge LCC PTA, Cajon Valley Council of PTA's, 9<sup>th</sup> District, and the California Congress of Parents, Teachers, and Students, Inc. (California State PTA), and all PTA officers, employees and agents of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of referred.

I hereby certify my relation to the minors listed, and their dates of birth, and I do hereby certify that to the best of my knowledge and belief said minor is in good health.

In case of illness or accident permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise whether the minor listed below has had any allergies, medicine reactions or unusual physical condition which should be made known to a treating physician.

<b>Name of Minor (First/Last)</b>	<b>Relation</b>	<b>Date of Birth</b>	<b>Grade</b>
-----------------------------------	-----------------	----------------------	--------------

---

\*Note for emergency treatment: Write down any allergies to medication or physical conditions that should be known to a treating physician.

---

---

---

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Phone Number

**Thank you for signing up.  
LCC PTA**