



DODGE BALL TOURNAMENT

Team Requirements

1. You must have at least two female players per team. With a maximum of EIGHT total players
2. Entry Fee will be \$5 per player. (Ex. 7 players = \$35, 8 players = \$40).
3. You may only have players from Yukon High School; no players from outside of YHS will be allowed to play.
4. The tournament will be played Tuesday, March 12th. Finals will be played that night. Standard dodge ball rules will be used; you will receive a copy of the rules when you submit your packet to Mr. McDonald.
5. All players must completely fill out and have a parent sign a Medical Release form before they will be allowed to play.
6. You must have all your teams' money and medical release forms signed and turned in by **Friday March 8th**. When these are turned in, your team will be placed into the brackets. You will receive a bracket on March 11th.
7. You will need to have a team name...must be school appropriate.
8. If team uniforms are worn, they must also be school appropriate.
9. Any uniform or team name that is deemed inappropriate by MILL Week administration will be disqualified from the tournament with no refund given to the team. Any question should be directed to Mr. Tate, Mrs. Barlow, or Mr. McDonald

DODGEBALL TEAM INFORMATION

Team Name _____

Team Captain _____

Captain's cell number _____

PLAYERS' NAMES 1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

Yukon MILL Week Medical Release Form

Participant's Name: _____

Grade: _____

I certify that _____ is physically capable of participating in MILL Week activities. I understand that this form is legally releases all obligations for medical treatment in the event of illness or injury during any activity, when either parent can't be reached. If there is any physical or medical reason why the above athlete should not participate fully, the school requites a doctor's release.

Furthermore, the school is not liable for any injury incurred.

Parent(s) Signature: _____

Date: _____

Emergency Number: _____

Medical treatment permission

In the event of an emergency occurring while involved in this school sponsored activity, I grant my permission to the school and its employees to take whatever action necessary.

In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my child _____ to receive medical treatment.

Yukon MILL Week Medical Release Form

Participant's Name: _____

Grade: _____

I certify that _____ is physically capable of participating in MILL Week activities. I understand that this form is legally releases all obligations for medical treatment in the event of illness or injury during any activity, when either parent can't be reached. If there is any physical or medical reason why the above athlete should not participate fully, the school requites a doctor's release.

Furthermore, the school is not liable for any injury incurred.

Parent(s) Signature: _____

Date: _____

Emergency Number: _____

Medical treatment permission

In the event of an emergency occurring while involved in this school sponsored activity, I grant my permission to the school and its employees to take whatever action necessary.

In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my child _____ to receive medical treatment.

Yukon MILL Week Medical Release Form

Participant's Name: _____

Grade: _____

I certify that _____ is physically capable of participating in MILL Week activities. I understand that this form is legally releases all obligations for medical treatment in the event of illness or injury during any activity, when either parent can't be reached. If there is any physical or medical reason why the above athlete should not participate fully, the school requites a doctor's release.

Furthermore, the school is not liable for any injury incurred.

Parent(s) Signature: _____

Date: _____

Emergency Number: _____

Medical treatment permission

In the event of an emergency occurring while involved in this school sponsored activity, I grant my permission to the school and its employees to take whatever action necessary.

In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my child _____ to receive medical treatment.

Yukon MILL Week Medical Release Form

Participant's Name: _____

Grade: _____

I certify that _____ is physically capable of participating in MILL Week activities. I understand that this form is legally releases all obligations for medical treatment in the event of illness or injury during any activity, when either parent can't be reached. If there is any physical or medical reason why the above athlete should not participate fully, the school requites a doctor's release.

Furthermore, the school is not liable for any injury incurred.

Parent(s) Signature: _____

Date: _____

Emergency Number: _____

Medical treatment permission

In the event of an emergency occurring while involved in this school sponsored activity, I grant my permission to the school and its employees to take whatever action necessary.

In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my child _____ to receive medical treatment.

Yukon MILL Week Medical Release Form

Participant's Name: _____

Grade: _____

I certify that _____ is physically capable of participating in MILL Week activities. I understand that this form is legally releases all obligations for medical treatment in the event of illness or injury during any activity, when either parent can't be reached. If there is any physical or medical reason why the above athlete should not participate fully, the school requites a doctor's release.

Furthermore, the school is not liable for any injury incurred.

Parent(s) Signature: _____

Date: _____

Emergency Number: _____

Medical treatment permission

In the event of an emergency occurring while involved in this school sponsored activity, I grant my permission to the school and its employees to take whatever action necessary.

In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my child _____ to receive medical treatment.

Yukon MILL Week Medical Release Form

Participant's Name: _____

Grade: _____

I certify that _____ is physically capable of participating in MILL Week activities. I understand that this form is legally releases all obligations for medical treatment in the event of illness or injury during any activity, when either parent can't be reached. If there is any physical or medical reason why the above athlete should not participate fully, the school requites a doctor's release.

Furthermore, the school is not liable for any injury incurred.

Parent(s) Signature: _____

Date: _____

Emergency Number: _____

Medical treatment permission

In the event of an emergency occurring while involved in this school sponsored activity, I grant my permission to the school and its employees to take whatever action necessary.

In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my child _____ to receive medical treatment.

Yukon MILL Week Medical Release Form

Participant's Name: _____

Grade: _____

I certify that _____ is physically capable of participating in MILL Week activities. I understand that this form is legally releases all obligations for medical treatment in the event of illness or injury during any activity, when either parent can't be reached. If there is any physical or medical reason why the above athlete should not participate fully, the school requites a doctor's release.

Furthermore, the school is not liable for any injury incurred.

Parent(s) Signature: _____

Date: _____

Emergency Number: _____

Medical treatment permission

In the event of an emergency occurring while involved in this school sponsored activity, I grant my permission to the school and its employees to take whatever action necessary.

In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my child _____ to receive medical treatment.

Yukon MILL Week Medical Release Form

Participant's Name: _____

Grade: _____

I certify that _____ is physically capable of participating in MILL Week activities. I understand that this form is legally releases all obligations for medical treatment in the event of illness or injury during any activity, when either parent can't be reached. If there is any physical or medical reason why the above athlete should not participate fully, the school requites a doctor's release.

Furthermore, the school is not liable for any injury incurred.

Parent(s) Signature: _____

Date: _____

Emergency Number: _____

Medical treatment permission

In the event of an emergency occurring while involved in this school sponsored activity, I grant my permission to the school and its employees to take whatever action necessary.

In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my child _____ to receive medical treatment.