

Team Name: _____



17th Annual Dodgeball

PLAYER WAIVER



Please fill out one form per player and return to recreation@middletownnj.org.

Players CANNOT participate in practice/tournament without a completed waiver. All waivers must be turned in by practice day. Incomplete forms will be delayed in processing.

Player Information

Player's Name: _____ Date of Birth: _____ Age: _____
Team Name: _____ Division (check one): K-1 2-3 4-5 Middle High Adult
Player's Address: _____
Street _____ Town _____ ZIP _____

Parent / Guardian Information

Parent / Guardian Name: _____ Relationship to Child: _____
Phone Number: _____ Email Address: _____
Street Address: _____
If different from above

Emergency Contact *In case of emergency, please call:*

Name: _____ Relationship to Child: _____
Phone Number: _____ Alternate Phone: _____

Player's School Information

School Name: _____ Town: _____ Grade: _____

I verify that the information written on this form is correct and accurate to the best of my knowledge. I hereby agree to indemnify and save harmless the Middletown Township Department of Recreation, its employees, and its volunteers from any and all liability arising out of accident as a result of participation in the Annual Dodgeball Tournament and Holiday Drive. I hereby give permission for the Township of Middletown to use, in its future brochures and any other publicity and/or broadcasts of any kind, and program pictures, audio, or video in which I (or my child/ward) appear.

Parent/Guardian Signature

Date

