

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



# 17th Annual Dodgeball PLAYER WAIVER



Please fill out one form per player and return to [recreation@middletownnj.org](mailto: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

