

**PERKIOMEN VALLEY SCHOOL DISTRICT FOUNDATION
PERMISSION TO PARTICIPATE IN DODGEBALL TOURNAMENT**

The Perkiomen Valley School District Foundation ("Foundation") is holding a fundraising dodgeball tournament for students and adults on Friday, March 30, 2012, at 5:30 P.M. at the Perkiomen Valley High School gyms. All proceeds raised will benefit the Foundation and its continuing efforts to enhance and enrich the educational opportunities offered to the students of the Perkiomen Valley School District. There will be three levels of competition: a minor league for children ages 12 and under, a major league for children ages 13 and older, as well as adults, and a mixed league for both children and adults.

In order for your child to participate, this form must be completed and returned prior to the tournament. No child will be allowed to participate without a completed permission form.

Information About Your Child

Name of Youth Participant: _____ Birthdate: _____

Address: _____

Telephone number: _____

Name of Parent/Guardian: _____

Parent Permission and Release of Liability

I hereby give my son/daughter named above permission to participate in the Foundation dodgeball tournament. Although the Foundation and its chaperones will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them, as well as the Perkiomen Valley School District, from any liability in case of illness or injury as a result of this activity.

Signature of parent or guardian: _____

Medical Emergency Authorization and Health Information

In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the Foundation chaperone(s) to take such action as deemed appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the chaperone(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

Name of Parent/Guardian Phone Number Name of Additional emergency contact Phone Number

The following information is provided as an aid to the chaperone(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, disabilities, diabetes, pregnancy, asthma, medication needed, etc.) I certify that my child is in good physical condition and able to participate in the tournament.

Health Conditions: _____

Medications/Instructions: _____

Signature of Parent or Guardian

Behavior Agreement

All participants in the tournament will be expected to comply with the following code of conduct. Failure to adhere to the code of conduct shall constitute grounds for disallowance of further participation in the tournament.

Code of Conduct

1. The health, safety, and welfare of others must be respected at all times.
2. Appropriate language and behavior are expected at all times. Profanity, foul or abusive language, inflammatory statements, derogatory comments, or physical altercations toward any group or individual are not permitted.
3. Participants are responsible for following the instructions of all event chaperones.
4. All behavior or language of a sexual nature is inappropriate and unacceptable. Dignified and respectable behavior is expected at all times.
5. Compliance with all rules and regulations of the Perkiomen Valley School District is required.

Media Policy and Release

The Foundation routinely promotes activities through various media. This includes, but is not limited to newsletters, newspapers, brochures and displays. In doing so, the names and photos of members and participants may be included. Youth in photos will not be identified by name(s).

I have read the Behavior Agreement and Media Policy and Release above and discussed it with my son/daughter. I understand and agree to the conditions set forth.

Signature of Participant in Event Date

Signature of Parent or Guardian

Date