

**Intramural Dodgeball Tournament / Student Information**  
**MAHONE MIDDLE SCHOOL**

Name: \_\_\_\_\_ Gender: \_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Grade: \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother/Father/Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Guardian's Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference:

\_\_\_\_\_

Emergency Room Preference: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Student's Health Problems: \_\_\_\_\_

Who Will be Providing Transportation for this Student? \_\_\_\_\_

\*\*\* The above information must be filled out completely before any students are allowed to participate.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

We/I the parent(s) or guardian do hereby acknowledge that we/I fully understand the possibility of the risk of serious injury involved in athletic participation and do hereby grant our student permission to participate in intramural sports. We/I also agree to monitor our student athlete's health and report any change of health condition to the coach. We/I also grant the coach permission to take reasonable medical steps including the calling of an ambulance to convey him / her to a hospital in case of serious injury.

Parent/Guardians' Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_