

**TEAM ENTRY FORM
BCASC DODGEBALL 2019**

School: _____

Advisor (Coach): _____

Organization (i.e. NHS, SGA, etc.) _____

Team Members

Each team must have at least three of each gender

Each team member must give the team's adult sponsor a completed copy of the permission form (Form 1) and the insurance form (Form 2) included in this packet

Name	Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Designated Chasers

7. _____	_____
8. _____	_____

All forms and the team entry fee must be sent to

Monarch High School

Attn: Meagan Cullins

Make checks payable to: Broward County Association of Student Councils

no later than

December 21, 2018

The following two forms must be completed and in the possession of the organization's adult supervisor/sponsor on the of the Dodgeball Team.

Form I

PARENTAL PERMISSION

_____ School

I, _____, Parent or Guardian of,

(Birthdate: Mo. _____ Day _____ Year _____),
hereby grant permission for my son/daughter to participate in Broward County Dodgeball Championship Tournament sponsored by the Broward County Association of Student Councils) on January 19, 2018 at Monarch High School.

My son/daughter has been examined by a physician and is physically qualified to participate in the sports stated above.

I authorize my child to accompany the school/organization team to the event named above. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for my child as a result of game participation.

Parent/Guardian Name: _____

Address: _____

Phone (H): _____ Phone (W): _____

Phone (C): _____

Parent/Guardian Signature: _____

Date: _____

Form II

INSURANCE CONFIRMATION

POLICY HOLDERS CONTACT INFORMATION

Name: _____

Relationship to student: _____

Address: _____

Phone (H): _____ Phone (W): _____

Phone (C): _____

Policy Holders Signature _____

HEALTH INSURANCE COMPANY INFORMATION

Health Insurance Company Name: _____

Policy Number: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to student: _____

Address: _____

Phone (H): _____ Phone (W): _____

Phone (C) _____

Parent/Legal Guardian's Signature: _____

Parent/Legal Guardian's Name Printed: _____

ADVISOR AGREEMENT

Name: _____

Organization: _____

School: _____

By signing below, I agree to accompany my team to the BCASC Dodgeball Tournament on **January 19, 2019 at Monarch High School**. In the event that I cannot make it, I will appoint another Broward County School employee to accompany my team.

I understand that I will be required to officiate at the tournament.

Advisor name printed: _____

Advisor signature: _____

Date: _____