

**Dodgeball Tournament**  
**Parental Permission Single Activity Form**

This form is to be completed by parents of students wanting to participate in the Dodgeball Tournament at LMMS. Completed registration forms along with this signed permission slip must be turned in to homerooms or the office by Feb 14<sup>th</sup> in order for your student to play.

**INFORMATION:**

**Activity Type:** Dodgeball Tournament

**Activity Cost:** \$5 per player/\$30 per team

**Activity Start and End Date(s):** Feb 20th from 2:45pm to approx. 7pm

**Activity Location:** LMMS Gym

**PARENT/GUARDIAN PERMISSION STATEMENT (To Be Completed by the Parent/Guardian)**

I \_\_\_\_\_ give my student \_\_\_\_\_ permission to participate in the LMMS Dodgeball tournament on Feb 20th. I am responsible for ensuring that my child is prepared to participate in this activity. I also understand that I am responsible for ensuring that my student behaves appropriately during this activity. I further understand that, if in the opinion of the leader or adult-in-charge, my student is not behaving appropriately, I may be asked to pick-up my student early from the activity. I understand that this is physical game and my student will be hit with the Dodgeball.

**CONTACT INFORMATION DURING THE ACTIVITY**

Parent/Guardian: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone 1: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

*Please have this form filled out and turned back into the homeroom teacher by Feb 14th. Any questions please feel free to contact the PTO at [LITTLEMIAMIMSPTO@gmail.com](mailto:LITTLEMIAMIMSPTO@gmail.com)*