

Dodgeball Permission Slip

My son/daughter/ or I, _____ has my permission to participate in the Dodge ball tournament at Linden High School. I understand that there are risks involved with this activity, and if my son/daughter gets injured, I will not hold Linden Schools responsible. I also verify that I have checked the website for the correct place, date, and time.

Signature of Parent/Guardian _____ Date _____
(if player is under 18 or a Linden student)

Signature of Participant _____ Linden Student
 Linden Employee
Team Name _____ Color _____ Non - Linden Student

Other important info: _____

Phone number you can be reached: _____

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