

Are you ready for some kickball?

Night in the Dome Kickball Tournament



Concordia
UNIVERSITY • SAINT PAUL

Your youth group - grades 7th to 12th - is invited to attend a kickball tournament in the Concordia Dome over Sea Foam Stadium on the Concordia University, St. Paul campus. **Space is limited!**

When: Friday, March 23, 2012

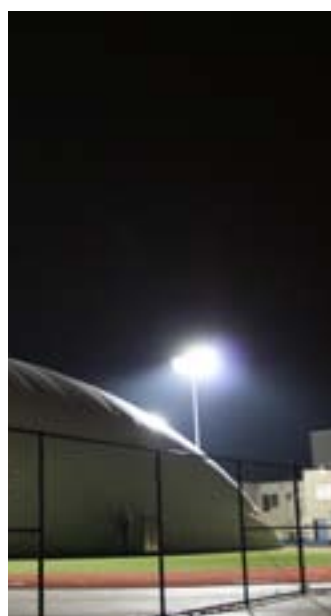
Who: Students in 7th to 12th grade

Where: Concordia Dome over Seafoam Stadium
Concordia University - St. Paul, Minnesota

Cost: \$25 per team

Deadline: Friday, March 9, 2012

Payment must accompany registration form when submitted to finalize registration. Medical forms may be submitted the day of the event. Only completed / signed medical forms will be accepted for youth to participate in the Kickball Tournament.



Night at the Dome Kickball Tournament – Friday, March 23, 2012

TEAM REGISTRATION FORM

Name of Team: _____

Name of Congregation: _____

Church Leader Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Church Leader Phone Number: (____) _____

Church Leader Email: _____

Church Phone Number: (____) _____

Church Email: _____

Team Information

Limit of 10 per team

(If you have more than 10 who want to participate, please call Amy Scholz at 651-603-6273.)

Name and Grade

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

MEDICAL INFORMATION FORM

(Information provided will be used for emergency situations only.)

Name: _____ Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Gender: M F Phone: (_____) _____

Please list any medical conditions that may affect participation:

Please list any medications that the youth will be bringing to the Kickball Tournament:

Can first aid such as ice packs and band aids be administered? _____

Can over the counter medicines such as Tylenol, antacid or triple antibiotic be administered?

Please list any known allergies:

PARENTAL CONSENT

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child _____ to attend and participate in the Night in the Dome Kickball Tournament at Concordia University in St. Paul, Minnesota on Friday, March 23, 2012. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our(my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Concordia University. I give permission for any pictures or videos taken during the conference to be used at the discretion of Concordia University, the students, faculty, staff, or other representatives. I release and forever discharge Concordia University, their agents an servants, successors and assigns, directors, trustees, officers, employees, and other representatives against loss from any and all present or future claims, demands or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by my child during the planned activities for which my child is registering to participate.

Hospital Insurance: Yes No

Insurance company: _____

Policy number: _____

Emergency Contacts:

Emergency phone numbers:

Parent/Legal Guardian signature:

Date: _____