

# Welland & Pelham

## Mayor's Youth Advisory Councils

in partnership with the Niagara Centre YMCA  
PRESENT:

**\$5/team**

**When**

Sat. April 10, 2010  
12:00pm - 5:00pm

**Where:**

Niagara Centre YMCA  
300 Woodlawn Rd  
Welland, ON

**Age Groups:**

9-12 years  
13-15 years  
16-18 years

• Youth Centred •

# Annual DODGEBALL Tournament

**Registration  
Locations:**

Niagara Centre YMCA  
300 Woodlawn Rd

Rose City Seniors Centre  
145 Lincoln St E

Welland Civic Square  
60 East Main St

Pelham Town Hall  
20 Pelham Square

• Youth Driven •

Proceeds Towards



For More Information  
Please Contact Jamie Read at:  
jread@ymcaofniagara.ca  
905-735-9622 ex 434

Presented By





# Dodge Ball Tournament Registration Form

**PLAYER #1 –**

**Full Name:** \_\_\_\_\_ **Sex:** M / F

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Current YMCA Member (please circle):** Yes No

**Email address:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Medical considerations (please circle):** Yes No

If yes, please list:

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*I have read the above information and by affixing my signature agree to follow the tournament rules and regulations. I also understand that I will be disqualified from the tournament if I provide any inaccurate information about myself.*

**Participant signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PARENT/ GUARDIAN PORTION:**

I have read the information package about Annual Dodgeball tournament and understand all of its contents. My son/ daughter (mentioned above) is between the ages of 9 to 18 years old. I warrant that they have no medical considerations that would inhabit their ability to participate in the tournament safely.

**Photo permission** – I give permission for my son/ daughter to be included in photographs taken by the YMCA of Niagara for promotional purposes. I understand that these pictures may be used on the web site, local newspapers, displays, etc.

Parent/ Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YMCA Privacy Statement**

*As a charitable, community based organization, the YMCA of Niagara is committed to protecting your right to privacy. The personal information you share with the YMCA is used to support the work of the YMCA. For more information on the YMCA's Privacy Commitment or other YMCA of Niagara programs and services, log on to [www.ymcaofniagara.org](http://www.ymcaofniagara.org)*

If you require any further information about the Annual Dodgeball Tournament please contact Jamie Read at 905 735 9622 ext 434

# Dodge Ball Tournament Registration Form

PLAYER #2 –

Full Name: \_\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Birth date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Current YMCA Member (please circle): Yes No

Email address: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

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

Medical considerations (please circle): Yes No

If yes, please list:

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*I have read the above information and by affixing my signature agree to follow the tournament rules and regulations. I also understand that I will be disqualified from the tournament if I provide any inaccurate information about myself.*

Participant signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT/ GUARDIAN PORTION:**

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Parent/ Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Dodge Ball Tournament Registration Form

PLAYER #3 –

Full Name: \_\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Birth date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Current YMCA Member (please circle): Yes No

Email address: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

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

Medical considerations (please circle): Yes No

If yes, please list:

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*I have read the above information and by affixing my signature agree to follow the tournament rules and regulations. I also understand that I will be disqualified from the tournament if I provide any inaccurate information about myself.*

Participant signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT/ GUARDIAN PORTION:**

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Parent/ Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Dodge Ball Tournament Registration Form

PLAYER #4 –

Full Name: \_\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Birth date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Current YMCA Member (please circle): Yes No

Email address: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

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

Medical considerations (please circle): Yes No

If yes, please list:

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*I have read the above information and by affixing my signature agree to follow the tournament rules and regulations. I also understand that I will be disqualified from the tournament if I provide any inaccurate information about myself.*

Participant signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT/ GUARDIAN PORTION:**

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Parent/ Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Dodge Ball Tournament Registration Form

PLAYER #5 –

Full Name: \_\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Birth date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Current YMCA Member (please circle): Yes No

Email address: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

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

Medical considerations (please circle): Yes No

If yes, please list:

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*I have read the above information and by affixing my signature agree to follow the tournament rules and regulations. I also understand that I will be disqualified from the tournament if I provide any inaccurate information about myself.*

Participant signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT/ GUARDIAN PORTION:**

I have read the information package about Annual Dodgeball tournament and understand all of its contents. My son/ daughter (mentioned above) is between the ages of 9 to 18 years old. I warrant that they have no medical considerations that would inhabit their ability to participate in the tournament safely.

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Parent/ Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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