

# SuperNight 2016

Saturday, Feb. 13<sup>th</sup> (10 pm – 6 am)

## Registration Form

(Return Registration to your church by Wednesday, February 3<sup>rd</sup>)

**Cost: \$10 (pay at the door)**

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Church: \_\_\_\_\_

Your Tournament Team Members (6 players per team / you need to form your own team):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Each team will participate in **5 tournaments** throughout the night. Floor Hockey, Wallyball, Dodgeball, Broomball and a Nerf ShootOut! Points will be awarded to each team depending on where your team places. At the end of the evening a **Grand Tournament Champion** will be awarded as well as 2<sup>nd</sup> and 3<sup>rd</sup> Place Finishers.

The game room and multipurpose space will be available as well throughout the night.

### Medical Release

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

Parent(s) Name/Telephone #: \_\_\_\_\_

Medical Insurance: \_\_\_ Yes \_\_\_ No Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Emergency Phone Numbers (in case parents cannot be contacted):

Please list any allergies, medications, medical information or chronic illnesses your child may have. *This information will be kept confidential*

I (we) the parent(s) or Legal Guardian of \_\_\_\_\_ give my permission for my (our) son/daughter to attend **Super Night 2016**, with the understanding that the Marshall Area Y and SuperNight Staff assumes no liability for accidents or injuries. I also authorize medical treatment of my child by qualified physicians in the event of a medical emergency, including medical transportation if necessary. This authority is granted only after a reasonable attempt has been made to contact me (us). I (we) understand that with any trip of this type there is the possibility of illness, injury, or accident, and we voluntarily assume such risk. I (we) do hereby waive, release, and discharge the Marshall Area Y and Super Night Staff, all agents and employees thereof, of and from all claims of every kind and nature. (If the participant is under the age of 18, one parent or legal guardian must sign this form.)

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

(Parent/legal guardian)