

Project Graduation Powder Puff Player Permission to Participate Form

I understand that Powder Puff is a physical activity for which no training or adult coaching is provided. Powder Puff is voluntary on the part of the student and serves as an after school “fundraiser” for the class of 2019 Project Graduation. I hereby give my permission for my child to participate in the Project Graduation Powder Puff Game. I agree not to hold the Dickinson Independent School District, Dickinson High School personnel, or any member of the Projection Graduation Powder Puff football game responsible in case of any accidental injury incurred at the game. If, in the judgment of any representative of the game the participant should need any care or treatment as a result of an injury or illness, I do hereby request , authorize and consent to such care and treatment as may be given said by any physician, trainer, nurse, or Powder Puff representative. I do hereby release the Project Graduation Powder Puff and any school representative from any claim by any person on account of such care and treatment of said participant.

Statement of Understanding:

I, the Participant have been advised and understand that Powder Puff is a physical activity for which no training or adult coaching is provided. The playing of Powder Puff football is potentially dangerous, I have read the above conditions and consent to the activities proposed.

Name of participant: _____ Grade Level_____

Participant Signature: _____ Date: _____

Acceptance of Guardian:

Name of Guardian: _____

Guardian Signature: _____ Date: _____

Phone Number: _____

Please return Permission to Participate, Medical Release, and \$5 per player payment to

Project Graduation during all lunches by March 26 & 27, 2019

If paying by check, make checks payable to Dickinson High School Project Graduation.

(THERE ARE A LIMITED NUMBER OF SHIRTS AVAILABLE FOR \$15)

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