

2020 JAM PAIL BONSPIEL ENTRY FORM



Please return this form by Friday, January 31, 2020

Please submit as a team (minimum of THREE players). Participants do not have to be from the same school.

OUR TEAM IS IN (CHECK ONE):	
<input type="checkbox"/> Grades 3 & 4 (Wednesday, February 19)	<input type="checkbox"/> Grades 5 & 6 (Thursday, February 20)
<input type="checkbox"/> Open/Family (Thursday, February 20) <i>*must have at least one adult playing</i>	
WE ARE PLAYING IN THE FOLLOWING CATEGORY (CHECK ONE):	
<input type="checkbox"/> Boys	<input type="checkbox"/> Girls
<input type="checkbox"/> Mixed	
SCHOOL NAME:	
<small>(if applicable, participants do not have to be from the same school)</small>	
DESIGNATED SUPERVISOR <small>(Team will be named after the last name of the supervisor.)</small>	
NAME:	
PHONE NUMBER:	EMAIL:
SUPERVISOR SIGNATURE:	
TEAM WILL BE NAMED AFTER THE LAST NAME OF THE SUPERVISOR ABOVE	
PLAYER 1	NAME:
	EMAIL:
	PHONE NUMBER:
	I AM OVER THE AGE OF 18: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(if no, please have parent or guardian sign below)</small>
	PARENT/GUARDIAN SIGNATURE
PLAYER 2	NAME:
	EMAIL:
	PHONE NUMBER:
	I AM OVER THE AGE OF 18: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(if no, please have parent or guardian sign below)</small>
	PARENT/GUARDIAN SIGNATURE
PLAYER 3	NAME:
	EMAIL:
	PHONE NUMBER:
	I AM OVER THE AGE OF 18: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(if no, please have parent or guardian sign below)</small>
	PARENT/GUARDIAN SIGNATURE
PLAYER 4	NAME:
	EMAIL:
	PHONE NUMBER:
	I AM OVER THE AGE OF 18: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(if no, please have parent or guardian sign below)</small>
	PARENT/GUARDIAN SIGNATURE

Please be advised that your child may be photographed or videotaped during this event, which may be used by the local media or by the City of Medicine Hat for future promotional or reporting purposes. If this is a concern for you or your child, please contact Terra at 403.525.8680 or terpet@medicinehat.ca prior to the event.

PARENTAL CONSENT:

By signing above, I consent to myself, or my child, participating in the 2020 Jam Pail Bonspiel, under the supervision of the above-noted designate. And I consent to myself, or my child, being videotaped or photographed as noted above.