



North Hunterdon SPIKE FOR A CURE Volleyball Tournament April 24th, 2015



The Spike for a Cure Volleyball Tournament to benefit the Jason P. Schaible Foundation will take place on April 24th. The tournament will start promptly at 7:45 a.m. in the main gym.
Who will take home the 2015 title of being the best team at NHHS?

Players may sign up between March 18th and April 14th.

Requirements

The bottom of this form must be completely filled out by each player and a parent/guardian in order to be eligible to play in the tournament.

INDIVIDUAL WAIVER FORM - Consent Section

I understand the game is part of the school program and every precaution will be taken for my child's safety.

Just like school dances and other extra curricular events, any suspensions, or any disciplinary actions would make a student ineligible to play in the game.

CONSENT: I hereby give permission for my child to participate in the Spike for a Cure Volleyball Tournament. I declare that my child is in good physical condition. I hereby give the Staff of NHHS permission to render such medical and hospital care as, in their judgment, may seem advisable for my child. I hereby state that we have adequate medical coverage and will not hold the Staff of NHHS liable for any injuries incurred during the volleyball tournament.

Media Release: I authorize the use, copyright, or publication of my Child's name, image, or voice while participating in this event and related activities, as may be captured by photograph or recording in any medium for any purpose, including illustration, promotion, or advertisement.

Print Student Name

Signature of Parent/Guardian

Please inform us on a separate sheet of paper of any physical conditions or ailments which would affect your child's participation in the tournament.

*****LOOK ON THE BACK FOR FUNDRAISING INFORMATION*****

Fundraising for the Jason P. Schaible Foundation

(Please be sure to achieve the minimum \$35 donation, but raise as much as you can for this amazing foundation!)

Cash or Checks will be accepted.

****please make check payable to NHHS Activities**

Students Name: _____ Student ID: _____

Grade: _____ Homeroom Teacher: _____ Room #: _____

Sponsor	Amount Donated
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Total Amount Raised: _____