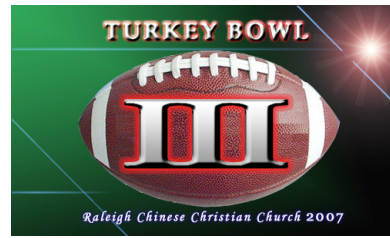


## Turkey Bowl 2007

**Date:** Saturday, November 24  
**Time:** 10:00 a.m. - 1:00p.m. (Lunch will be provided)  
**Place:** North Cary Park (Norwell Blvd)



In order to participate you will need to fill out this form. **IF YOU DO NOT RETURN THE FORM BY NOV. 16 YOU WILL NOT BE ABLE TO PLAY IN TURKEY BOWL.** No form means you can still come to watch & hang out, but you will not be allowed to play.

We will be playing a couple games that morning, mixed-gender teams, no contact/tackling; it will be flag-football. We'll also introduce a game of Ultimate Frisbee for those who are not into football. We will play from 10:00-11:00, and 12:00-1:00 (with a lunch break in between). If you

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Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

"I understand that signing up for Turkey Bowl means that I agree to play by all the rules set forth by the leaders, and that I will participate in a way that keeps the game fun and safe for everybody. I understand that failure to do so may result in me having to sit out of the game."

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

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Turkey Bowl is RCCC's annual youth group football game. We will have rules to hopefully prevent injury and to keep the event safe & fun for everybody. However, accidents may still happen. Therefore as a precaution, we require that all youth have their parents read and sign the following permission/medical release form:

I understand that Turkey Bowl is a sports event, and acknowledge that sports-related injuries (i.e. sprains, fractures, cuts, bruises, etc.) can potentially happen in the course of the event. I understand that my child is expected to abide by all the safety rules that are set forth for Turkey Bowl, and participate in manner that is safe and under control.

In the event that injury does happen, I give RCCC staff/leaders the authority to exercise his/her best judgment on what is advisable for my child's care, and if necessary, to take steps needed for my child's health and safety (including, but not limited to x-ray examination, anesthetic, medical or surgical diagnosis/treatment, and hospital care under the general or special supervision of a licensed physician or surgeon).

I have read the above medical release statement, and agree to let my child participate in Turkey Bowl. Further, I agree to not hold RCCC, its staff, and volunteers responsible for any accidents or injury that might happen as a result of this voluntary participation in Turkey Bowl.

Parent/Guardian's Name: (please print) \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, talk to Angela Lin or Christina Chen ([turkeybowl@rcccyouth.org](mailto:turkeybowl@rcccyouth.org))