

Sunday, May 1st, 2011
 Games begin promptly at 8 am
 Team Registration fee: **\$150.00**
Deadline for registration is April 10th, 2010
After April 10th \$175.00 (if room available)
 Make Check to: QHS Football Booster Club
 Register at Flinn on April 30th from 12 to 4 pm
 at Flinn Stadium or May 1st from 7:30 to 9 am



Mail check and registration form to:
 Dogwood Bowl
 QHS Athletic Office
 Quincy High School
 3322 Maine Street
 Quincy IL, 62301

IMPORTANT !!

- 1. Signature of player acknowledges player has read and understands the rules.**
- 2. Additional Signatures required on second page.**

Team Name																																			
Age Division	circle one	9-12	13-14	15-16	17-18	19-25	26 & over																												

Team Captain/Player 1: (shirt size S, M, L, XL, XXL) – circle one																																					
Name																																					
Address																																					
City																										ST						ZIP					
Phone#			/			/																															
Birthdate		/		/		AGE	<i>(age at time of tournament)</i>																														
Email																																					
Signature																																					

Player 2: (shirt size S, M, L, XL, XXL) – circle one																																					
Name																																					
Address																																					
City																										ST						ZIP					
Phone#			/			/																															
Birthdate		/		/		AGE	<i>(age at time of tournament)</i>																														
Email																																					
Signature																																					

Player 3: (shirt size S, M, L, XL, XXL) – circle one																																					
Name																																					
Address																																					
City																										ST						ZIP					
Phone#			/			/																															
Birthdate		/		/		AGE	<i>(age at time of tournament)</i>																														
Email																																					
Signature																																					

Player 4: (shirt size S, M, L, XL, XXL) – circle one																																					
Name																																					
Address																																					
City																										ST						ZIP					
Phone#			/			/																															
Birthdate		/		/		AGE	<i>(age at time of tournament)</i>																														
Email																																					
Signature																																					

Player 5:	(shirt size S, M, L, XL, XXL) – circle one																										
Name																											
Address																											
City																			ST			ZIP					
Phone#			/			/																					
Birthdate			/			/	AGE		<i>(age at time of tournament)</i>																		
Email																											
Signature																											

Player 6:	(shirt size S, M, L, XL, XXL) – circle one																										
Name																											
Address																											
City																			ST			ZIP					
Phone#			/			/																					
Birthdate			/			/	AGE		<i>(age at time of tournament)</i>																		
Email																											
Signature																											

Player 7:	(shirt size S, M, L, XL, XXL) – circle one																										
Name																											
Address																											
City																			ST			ZIP					
Phone#			/			/																					
Birthdate			/			/	AGE		<i>(age at time of tournament)</i>																		
Email																											
Signature																											

**IMPORTANT RELEASE STATEMENT
MUST READ AND SIGN BELOW**

Recognizing the possibility of physical injury associated with any athletic activity and/or the sudden illness at an event, and in consideration for the QHS Football Booster Club and its affiliates accepting the registrant for participation in the Dogwood Bowl, I hereby release, discharge and/or otherwise indemnify the QHS Football Booster Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields, facilities and equipment utilized for the Dogwood Bowl against any claim by or on behalf of the registrant as a result of the registrants participation in the Dogwood Bowl

I hereby give my consent to have an athletic trainer, emergency personnel, and/or doctor of medicine or dentistry provide the above named participant with medical assistance and/or treatment and agree to be responsible financially for the cost if such assistance and/or treatment is necessary.

MUST BE SIGNED BY PARENT IF PLAYER IS UNDER 18 YEARS OLD. PLAYER MUST SIGN IF 18 YEARS OR OLDER

Player 1	_____	Player 5	_____
Player 2	_____	Player 6	_____
Player 3	_____	Player 7	_____
Player 4	_____		

Rules and other information available at www.ghsfootball.com
All Players or Parents MUST Sign the Authorization Section above