

NAME: _____

ADDRESS: _____

PHONE: _____ AGE: _____

GRADE (FALL OF '10): _____

EMERGENCY PHONE NUMBER: _____

T-shirt (circle size)

Youth sizes XS S M L XL

Adult sizes S M L XL XXL

My child _____, has permission to participate in Demon Pride '10. I understand that there will be no insurance carried by the school and that the school or instructors assume no financial responsibility in case of injury.

Signature of parent / guardian

Date

Please detach completed form and mail with check payable to "Demon Pride" to:

Dave Foster
Dodge City High School
2201 W. Ross Blvd
Dodge City, KS 67801

DEMON PRIDE 2010

