

TEWKSBURY COMMUNITY SERVICES ANNOUNCES:

SPORTS ZONE 101 PRESENTS:

March Madness Tournament/ Easter Egg Hunt

**Grades: PreK-6
Time: 12pm to 2pm
Location: Dewing School**



Date: Saturday March 31, 2018 from Noon to 2:00pm!

Registrations should be completed online at:

<https://register.communitypass.net/TewksburyPublicSchools>

Online registration closes at noon on March 30.

Come join your coaches and friends at ToC as we usher in Spring with the spirit of Easter and competition. You read that right, the Easter Bunny is bringing some eggs to Tewksbury!

Come play all your favorite games in a March Madness Tournament Event!

We will be playing all of our favorite games in a tournament style program, and then spend some time exploring the grounds to find awesome hidden prize eggs.



This program is open to both boys and girls. Come and play like a champion!

PRICE: \$20 (You may also “Drop-In) Checks Made out to Town of Tewksbury

Equipment is provided!

Suggestions to Bring to the Dewing School: Water bottle, Easter Basket, comfortable shoes, and a favorite sport t-shirt.

**Checks should be made payable to the “Town of Tewksbury”
(Cash cannot be accepted)**

REGISTRATION FORM FOR Sports Zone March Madness Tournament (For Drop-Ins only. All others must be done online on Community Pass)

Student's Name _____ Date of Birth _____ Current Grade _____
Last First

Name of Parent or Guardian _____

Home Address _____ Tewksbury, MA 01876

Home Phone (978) _____ Cell Phone _____ Email _____

ACCIDENT-ILLNESS FORM

TO PARENTS/GUARDIANS OF Sports Zone March Madness Participants:

In case of accident, illness or other emergency, the Tournament of Champions staff must be able to locate parents/guardians or some other person who will care for your child. For these reasons, we must have on file the names and phone numbers of two other persons who may be called to take care of your child if the parents/guardians cannot be reached. Please supply the information requested below and return this report to our office with your registration form. Thank you for your cooperation.

Does your child have any illnesses, diseases, accidents, allergies, or other chronic health problems? YES _____ NO _____
IF YES, PLEASE LIST. _____

Father's Place of Business _____ Business Phone () _____

Mother's Place of Business _____ Business Phone () _____

Names of **two persons** who may be called to take care of (and/or pick up) your child in absence of the parent/guardian. These people, if not known by the staff, must provide appropriate identification. **At least one person MUST be local.**

Name _____ Address _____

Home Phone () _____ Business Phone () _____

Name _____ Address _____

Home Phone () _____ Business Phone () _____

In case we cannot get in touch with you and your child needs emergency medical attention, do you authorize this at your expense? YES _____ NO _____ If your answer is no, please describe an alternative action plan.

Name of Local Doctor: _____ Address _____ Phone _____

Name of Local Dentist: _____ Address _____ Phone _____

Name of Insurance Company: _____ Policy #: _____

Note: In case of an emergency, the Tewksbury Fire Department will be called and your child will be transported to the NEAREST HOSPITAL at the discretion of the ambulance service.

If we cannot reach your doctor, may we call one available? YES _____ NO _____ If your answer is no, please describe an alternative action plan.

Are there any medications that need to be or may need to be administered during program hours? YES _____ NO _____
If the answer is "yes", you must come to the site to administer these medications.

Signed _____ (PARENT OR GUARDIAN) _____ (DATE)

IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE STAFF IF ANY OF THE ABOVE PHONE NUMBERS OR INFORMATION SHOULD CHANGE.