

2017 *Niska-Game* Permission Form

My Child, _____, at _____ (School/Grade/Homeroom) has my permission to participate in ***Niska-Game 2017*** at Iroquois Middle School on November 3 _____ or 4 _____ (please check the date your student's team is playing). I understand that photos/videos taken by N-CAP during the ***Niska-Game*** event that may include my child may be posted on N-CAP's website and social media pages.

Parent/Guardian Signature

Phone Number in case of Emergency

Parent/Guardian Printed Name

Parent Email Address

I am able to assist at ***Niska-Game*** with:

_____ Food Donation

_____ Working as Referee

_____ Working Concession

_____ Working as Real Estate or Bank Distributor

_____ Working as School Hall Monitor

_____ Setting Up

_____ Photographer/Videographer

_____ As Needed

I am volunteering at my child's session on: Friday, November 3rd (6 – 9 P.M.) _____
Saturday, November 4th (6 – 9 P.M.) _____

Volunteer Name (Please print): _____

Phone Number: _____ Email address: _____

YES! I want to be a *Niska-Game* sponsor! Please return this bottom portion with your check, made payable to N-CAP. Mail to: PO Box 9009, Niskayuna NY 12309 by October 25th.

Name of Sponsor (as it should appear in print and on t-shirt):

Contact Name: _____ Contact Phone Number: _____

Address: _____ E-mail: _____

_____ Team T-Shirt Sponsor (\$100)—Payment and form **must** be returned by October 25th in order for the t-shirts to be printed in time. Please make checks payable to N-CAP.

Name of child being sponsored: _____ Homeroom: _____

Please mark which school your student attends: _____ Van Antwerp MS _____ Iroquois MS



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www.ncapnisky.org

518-374-0744

2017 *Niska-Game* Permission Form continued...

Student Name: _____, in Homeroom ____ at (MS) _____

is registering for the game _____ individually or _____ with a team.

Individual students will be added to teams that have registered with less than ten players. Teams may turn in their paperwork all together or separately. Please list known team members below:

Team Name: _____

Member 1: _____ Member 2: _____

Member 3: _____ Member 4: _____

Member 5: _____ Member 6: _____

Member 7: _____ Member 8: _____

Member 9: _____ Member 10: _____

We understand team plans may change. Please encourage students to visit our registration table to discuss team member changes or students changing from individual players to team players. Parents can contact us directly at the number below or through our email—info@ncapnisky.org.

EACH team member **MUST** register separately



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