



AHS JUNIOR vs SENIOR POWDER PUFF FOOTBALL

Benefiting Project Graduation 2019/2020

SIGN UPS: WEDNESDAY, APRIL 3 - FRIDAY, APRIL 5 DURING MEGA LUNCH

GAME DAY: WEDNESDAY, MAY 1 at 3:00 PM (Rain date: Thursday, May 2nd)

JUNIORS vs. SENIORS REGISTER TO PARTICIPATE:

1. You must have your parent's signature on the participation/permission form.
2. Please turn in form and money to register.
3. DEADLINE IS FRIDAY, APRIL 5 at 1:00 PM

COST: MAKE CHECKS PAYABLE TO: PG 2019 (profits to be split between JR/SR classes).
\$20.00 per participant - price includes t-shirt and entry fee

HOW TO GET INVOLVED: SIGN UP DURING MEGA LUNCH!!!
Don't delay! Spots are limited.

PLAYERS: Junior vs. Senior girls, **COACHES:** Junior vs. Senior guys from the football team
CHEERLEADERS: Junior vs. Senior guys, **DRILL TEAM:** Faculty
TRAINERS: Junior and Seniors girls and guys from the training staff, **WATER GIRLS & BOYS:** Juniors and Seniors, **SPOTTERS:** Junior and Senior girls and guys, **CHAINS:** Junior and Senior guys

NOTES:

1. This is a friendly competition and players of all ability levels are welcome.
2. Practice schedules will be determined after sign ups.
3. Game rules will be reviewed at practice.
4. Ticket sales for non-participants will be 4/29-5/1. \$5.00 per person.
5. Non participants, who want to purchase a Powder Puff t-shirt to support their team Jr v Sr must purchase for \$20 by April 5 during Mega Lunch.



AHS Powder Puff Football Participation Form
(PLEASE BRING SIGNED FORM PLUS \$20 TO REGISTER - APRIL 3-5)

Student Name (print): _____ Grade: _____

Student Email Address: _____

Student Cell: _____

Shirt Size: (Circle One) **S M L XL XXL**

Payment Method: Cash _____ Check # _____
(Please make check payable to PG 2019.)

Powder Puff Football Permission Form - All Participants

I hereby give my consent for (Student's Name) _____, a student at Argyle High School, to participate in the Junior/Senior Powder Puff football game and all practices associated with it. As parent or guardian of the student identified above, I agree to accept full responsibility for the cost of treating any injury the student might suffer while participating in the game or any practices associated with the game.

_____/_____/_____
(Parent/Guardian Signature) (Date)

_____/_____/_____
(Participant Signature) (Date)

Emergency Contact
Name: _____

Emergency Contact Cell: _____