

CEDAR VALLEY TRIWIZARD TOURNAMENT

WILL YOU DARE TO PUT YOUR NAME IN THE GOBLET OF FIRE?

Rules:

Team: The Triwizard Tournament is for students, grades 6-12. There will be 25 teams competing in the Triwizard Tournament. A team consists of no less than 2 and no more than 5 people. Can't find a team? We'll be happy to place you with a group (just register as an individual). There **can be** more than one team from a church, school, library, etc.

Preparation: It's a good idea to read J.K. Rowling's *Harry Potter* series, particularly the fourth book, *Harry Potter and the Goblet of Fire*, if you haven't already. Reading them will give you a sense of what to expect from the Triwizard trials.

*Very important:

- This is a B.Y.O.B. event, so you'll need to bring your own broom! There should be at least one broom per team in order to participate in the tournament.
- Each person on your team must bring 5 non-perishable food/toiletry items (toilet tissue, toothpaste, etc.) on the day of the tournament. These food items will be collected at registration and donated to the Iowa Food Bank. **Here is the Food Bank's wish list: Canned Tuna, Canned Fruit, Boxed Meals (such as Tuna Helper), Soups, and Crackers.**
- The tournament trials involve a lot of physical activity, so please dress accordingly.

Where: Bring your food items, broom, and team to the main gym entrance of the Cedar Falls High School, on Saturday, October 22, 2011, at 1pm. The tournament will take place in the gym.

What Happens: Registration begins at 1pm. The tournament begins at 2pm and ends at 6pm.

The Winners: Prizes will go to the team with the highest score. Prizes will also be awarded to the team with the best costumes, so be creative and dress up!

Registration: You **MUST** Register! You **MUST** complete the Release and Authorization Form! A parent/guardian **MUST** sign the release form! Complete these forms and drop them off to Ambri Refer at the Cedar Falls Public Library on 524 Main Street.

All forms must be completed and turned in by Thursday, October 20, 2011. Forms received after this date will not be accepted.

Questions? Call Ambri Refer at 319-268-5543 or email her at ajrefer@gmail.com.

REGISTRATION

Name: _____

School/Library/Church/Homeschooling Affiliation: _____

Grade: _____ Age: _____ Email/Phone _____

Is this an individual registration? Yes _____ No _____

If you are not alone, how many members, in total, will be on your team? There can be no fewer than 2 and no more than 5 members on a team. _____

List your team name and the names, phone numbers, and emails of your team members:

Team Name: _____

Team Members:

Name: _____ Grade: _____ Age: _____

Phone: _____ Email: _____

Name: _____ Grade: _____ Age: _____

Phone: _____ Email: _____

Name: _____ Grade: _____ Age: _____

Phone: _____ Email: _____

Name: _____ Grade: _____ Age: _____

Phone: _____ Email: _____

Name: _____ Grade: _____ Age: _____

Phone: _____ Email: _____

University of Northern Iowa
Release and Authorization Form

Event: October 22, 2011 Triwizard Tournament – UNI Rod Library, in conjunction with
The Cedar Falls and Waterloo Public Libraries

General Information

Name _____ Age _____ Grade _____

Gender: Female Male

Phone Number () _____ E-mail _____

Address _____

City/State _____ Zip/Postal Code _____

Name of Parents, Custodial Parent, or Legal Guardian* _____

Home Phone _____ Work Phone _____

E-mail _____

Additional Parent, Legal Guardian, or Next of Kin* _____

Home Phone _____ Work Phone _____

E-mail _____

Persons allowed to pick up child from event* _____

*Applies only to those under 18 years of age.

Emergency Notification

Name _____ Relationship _____

Phone () _____

Address _____

City/State _____ Zip/Postal Code _____

Name _____ Relationship _____

Phone () _____

Address _____

City/State _____ Zip/Postal Code _____

Permission for Medical Treatment

I, the undersigned parent, legal guardian, next of kin, or applicant, hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment.

Parent/Guardian Signature/Applicant** _____ Date _____

Photo Release

In consideration of the right of the applicant to participate in this event, I give consent to and authorize the taking of photographs, videotapes, or other recordings in which the applicant may appear, and the right of the University of Northern Iowa to use such photographs, videotapes, and/or other recordings for purposes of education or promotion. I waive all right of privacy in and to any said photographs, videotapes, and recordings.

Parent/Guardian Signature/Applicant** _____ Date _____

Activity Consent

I specifically consent to the applicant's participation in this event. I certify that the applicant is in the necessary physical condition to participate in any of the approved activities (e.g., involvement in a competitive scavenger hunt).

Parent/Guardian Signature/Applicant** _____ Date _____

Liability Release

The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by the University of Northern Iowa for participation in this event, I, being 18 years of age or older, do for myself (and on

behalf of my child-participant, if said child is not 18 years of age or older) hereby agree to indemnify, release, defend, forever discharge, and hold harmless the University of Northern Iowa (UNI), University Book & Supply, the Waterloo and Cedar Falls Public Libraries, and their employees and agents [hereinafter, the "Releasees"], from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in this event, whether such injury, sickness, death, damage, and/or expense is caused by my (or the child-participant's) negligence, the negligence of any of the Releasees, or the negligence of any third party. Furthermore, I (and on behalf of my child-participant, if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in this event and the activities involved therein. Further, authorization and permission is given to UNI to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify the Releasees for any liability sustained by any of the Releasees as the result of negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

**Only applicant must sign if 18 years of age or older.

Parent/Guardian Signature/Applicant**

_____ Date _____

Parent/Guardian Signature/Applicant*

_____ Date _____