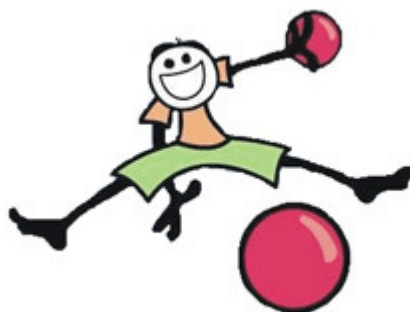


WELCOME TO THE 1ST MONTGOMERY COUNTY GAGA TOURNAMENT



<p>Where: Temple Beth Ami 14330 Travilah Road, Rockville, MD</p>	<p>When: Saturday, October 1st 4:00-7:00pm</p>
<p>Who: All 5th-7th Graders <i>Parents are invited to the closing ceremonies!</i></p>	<p>Cost: \$20 per participant In a check made out to "Temple Beth Ami"</p>
<p>Questions: Alexa Broida – abroida@urj.org Stacey Black – sblack@whctemple.org</p>	<p>Includes: T-shirt, pizza dinner, drinks, snacks, awards, and all game equipment (balls and a gaga pit made from folding tables on their side)</p>

This is a **REFORM JEWISH** event, co-sponsored by Temple Beth Ami of Rockville, MD and Washington Hebrew Congregation of Potomac, MD. Our goal is to bring together reform Jewish 5th-7th graders from around the area to **connect** through this beloved game, and **build relationships** over some fun, healthy competition. We hope you'll join us!

All forms and payment are due by September 26th, 2011 to your youth advisor!

WE CAN'T WAIT TO SEE YOU THERE!

GAGA TOURNAMENT

Approximate Schedule

4:00-4:15pm	Arrival and Registration
4:15-4:30pm	Opening Ceremonies
4:30-5:00pm	Final Team Meetings and Preparation
5:00-6:30pm	Tournament Play Time
6:30-7:00pm	Closing Ceremonies and Dinner

Game Guidelines

- Each congregation can bring as many teams as they'd like
- Teams are 8-10 participants (we don't want to leave anyone out, so if you have a number that doesn't fit into that category, we'll work it out!)
- Teams are co-ed and mixed grade (there are no restrictions on this)
- The tournament will be bracket-style, with double elimination
- When teams are playing each other, they will play a 10-minute "match" – in that time, they will play as many games as they can, and whichever team wins the most games wins that match. In the event that a game is in progress when the 10 minutes are up, the team with the most players still standing will be considered the winner

Gaga Tournament
Participant Information and Parental Permission Form
Washington Hebrew Congregation

Participant and Parent/Guardian Information

Participant Name _____ Grade _____ T Shirt Size _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian 1 Name _____ Home Phone _____

Parent/Guardian 1 Email _____ Cell Phone _____

Parent/Guardian 2 Name _____ Home Phone _____

Parent/Guardian 2 Email _____ Cell Phone _____

Congregation Information

Congregation Name _____

Medical Information

Please list any special medical information regarding your child (allergies, limitations, etc).

Please list any medications your child is currently taking, with dosage and time of day.

—OVER—

Can Tylenol or Motrin be administered in case of a headache, fever, etc?

Yes ____ No ____ Parent Signature _____

Does your child have any food allergies or dietary concerns? Please list and explain.

I hereby give permission to Washington Hebrew Congregation to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any record necessary for insurance purposes. I give permission to Washington Hebrew Congregation to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/healthcare provider selected by Washington Hebrew Congregation to secure and administer treatment, including hospitalization, for the person named above.

Parent/Guardian Signature _____ Date _____

I give permission to Washington Hebrew Congregation to use any video or photograph, either online or in print, or any video taken at the event my child is attending for the purpose of marketing or promoting Washington Hebrew Congregation and its programs.

Parent/Guardian Signature _____ Date _____

