

# St. Francis de Sales "Tigers" Softball

## Grades 6-12

### PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER



Participant's Name: \_\_\_\_\_ Grade (completing) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Parent Home Phone \_\_\_\_\_ Work/Phone \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in the St. Francis de Sales "Tigers" Youth Softball, sponsored by St. Francis, and the Diocese of Crookston. This activity will take place under the guidance and direction of parish employees and volunteers from St. Francis de Sales. A brief description follows:

<i>Type of event:</i>	<i>St. Francis de Sales Youth Softball</i>
<i>Location of the event:</i>	<i>Fargo North River Softball Complex, Fargo</i>
<i>Individuals in charge:</i>	<i>Lisa Eggert and Mary Johnson</i>
<i>Date of event:</i>	<i>Practices Monday, May 21, and Tuesday, May 29, both at 6pm, at NE Park (Games will be Monday nights at 6:30 and 7:30pm at the Fargo North River Softball Complex. No games July 2)</i>
<i>Cost of Event:</i>	<i>\$50.00+\$15 for new (or replacement) team jersey, as needed</i>

As a parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor (participant). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Francis, its officers, directors and agents, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate St. Francis, its officers, directors and agents, chaperones, or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Players should have been in the 6<sup>th</sup>-12<sup>th</sup> grade during the 2017-2018 school year.  
Friends are very welcome to join. Fees cover league fees and team t-shirt/jersey.  
All registration forms and fees should be turned in by May 31, 2018.  
Please contact Lisa Eggert with any questions 701-799-5545.*

*(Of the following statements pertaining to MEDICAL MATTERS, sign only those that are applicable.)*

### **MEDICAL MATTERS**

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **EMERGENCY MEDICAL TREATMENT:**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any treatment by the hospital or doctor. **In the event of any emergency, if you are unable to reach me at the above numbers, contact:**

Name and Relationship:

\_\_\_\_\_

Phone: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **MEDICATIONS:**

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SPECIAL MEDICAL INFORMATION:**

St. Francis will take reasonable care to see that the following information will be held in confidence.

Allergic Reactions (medications, food, plants, insects, etc.):

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunizations: \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

You should be aware of these special medical conditions of my child:

\_\_\_\_\_