

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 Phone _____ Work/Phone _____ Tshirt Size _____

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:

Type of event: St. Francis de Sales Youth Softball
Location of the event: Fargo North River Softball Complex, Fargo
Individuals in charge: Mary Johnson and Kim Bloch
Date of event: Practices Tuesday, May 21, and Tuesday, May 28, 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 1)
Cost of Event: \$40.00 + \$15 for new (or replacement) team jersey, if needed

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 6th-12th grade during the 2018-2019 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, 2019.
Please contact Mary Johnson with any questions 218-233-6103 or ryanmaryjohnson@hotmail.com.

(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:
