

# PARENT'S/GUARDIAN'S PERMISSION FORM CHILD'S PARTICIPATION IN SPORTS ACTIVITY

## Saint Aloysius Parish CYO SOFTBALL

I/We the parents or legal guardian(s) of \_\_\_\_\_ give permission for our child to participate in the sport/activity, named above, to include any and all meetings, tryouts, practices, scrimmages, games or other related programs or events and any travel to and from such activities.

Recognizing that injury may occur in any sport/activity, and that such injury may be serious or even life threatening, I/We hereby assume that risk in full for our child's participation in the sport/activity, and for us individually as spectators and with full knowledge of the risks inherent in such sports/activities, in return for the privilege to participate or use the above facilities or fields, release and hold harmless St. Aloysius School/CYO, the Archbishop of Philadelphia and his successors and assigns, the Archdiocese of Philadelphia, and its priests, religious, employees, agents, administrators, other official representatives including volunteers involved in sponsoring, organizing or aiding in these activities, from any and all claims, demands, causes of action, damages, liabilities, losses or expenses, whether direct or indirect, for an and all personal injury, bodily injury and/or property damage arising from participation in the sport/activity, or from us individually as spectators, or from the use of the above facilities or fields including any travel to and from such sport/activity, and as agreed herein assume full responsibility for such injury or illness.

I/We understand and agree that this agreement is for the duration of the sport/activity to include any and all meetings, tryouts, practices, scrimmages, games, or other related programs or events and any travel to and from such activities at the above facilities or fields or at any other location made available for my child's and/or for our use and recreation.

I/We understand and agree to abide by all rules and regulations established by the sponsoring sports or athletic or Parish organization, (Parish/School) pertaining to the sport/activity or the use of the facilities or fields, and agree that such rules and regulations are incorporated herein and form a part of the Agreement. I/We have read this document completely, understand its contents and their significance, and freely and willingly sign this agreement.

Child's Signature: \_\_\_\_\_

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

Parent/Guardian(s) Signature: \_\_\_\_\_

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

Parent/Guardian(s) Signature: \_\_\_\_\_

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

Saint Aloysius School Pot...  
@SaintAloysius-SchoolPottstown



Please send the \$125 sports fee with completed form (both sides)  
into School/PREP with your athlete in an envelope marked:  
Attn: Business Office.

Accepted forms of payment are check payable to Saint Aloysius or  
VENMO @SaintAloysius-SchoolPottstown

Please note – Each child (or student) participant must return this signed Permission Form (and any other forms, e.g. Physician's Medical Statement) before being permitted to participate in the Sport/Activity or use any School/Parish Facilities or Fields.

# Saint Aloysius Softball 2025

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parish you are registered in: \_\_\_\_\_

## **Parent/Guardian Information**

Father's Name: \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell # \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell # \_\_\_\_\_

E-Mail: \_\_\_\_\_

## **Emergency Contact Information**

Name: \_\_\_\_\_ relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell # \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_

Primary Care Physician's Telephone Number: \_\_\_\_\_

Medical Conditions: (Please explain and list medications presently taken)

\_\_\_\_\_  
\_\_\_\_\_

I/We hereby give permission for emergency treatment and medical transportation in case of injury or accident. We give permission to take the child to POTTSTOWN HOSPITAL EMERGENCY ROOM (or nearest Hospital). I request and authorize Physicians, Dentists, and staff, duly licensed as Doctors of medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any necessary diagnostic procedures, and x-ray treatment of the above minor.

I/We release St. Aloysius School and coaching personnel from any liability in treatment of our child in such cases.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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