

BASEBALL PERMISSION

Participant's Name _____

Gender (circle one) Male/Female Grade _____

Parent/Guardian Name(s) _____

Home Address _____

Home Phone _____ Business Phone _____ Other _____

E-mail Address _____

Willing to Coach _____ Willing to be an assistant coach _____

COACHES NEED BACKGROUND CHECKS AND VIRTUS TRAINING.

I grant permission for _____ to participate in the above named activity and I warrant that my child is in good health. I understand such an event does involve some element of risk incidental to such participation, and I do release and hold harmless St. Odilia Parish/School, the Archdiocese of St. Paul/Minneapolis, the C.A.A. and coaches. None of the above named parties shall be made financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity/season described above. I understand that there is no medical insurance provided by the Parish or the Archdiocese.

Emergency Medical Treatment:

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

Name _____ Relationship to child _____

Phone: _____ 2nd Phone _____

Medical Information

Medication my child is taking at present: _____

Transportation:

I grant permission for my child to be transported to and from participation sites by adults recognizing that there are no bussing alternatives.

Fees: Participation fee is **\$50.00** per participant. Payment in the form of cash or check is due at time of registration. Checks should be made payable to St. Odilia.

Parent Signature _____ Date _____

**RETURN FORMS TO HOMEROOM TEACHER OR JULIE ARCHBOLD BY:
MARCH 3, 2009**