



IHM PLAYER CONTRACT

YOUTH NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____ BIRTHDATE: _____ M F (circle one)

HOMEROOM and GRADE: _____ CHURCH REGISTERED: _____

In consideration of the wholesome recreation and/or learning experience in which my son/daughter will participate, I/we agree as parent(s) or guardian(s) of _____ allow my son/daughter to participate in the sport of _____.

Please initial next to the following statements that apply:

____ By so permitting my child to participate, I/we expect reasonable and adequate supervision of my child. It is thus agreed that I/we will hold Immaculate Heart of Mary Parish, School, field site, and the Roman Catholic Archbishop of Baltimore, a corporation sole, and all their agents and employees, harmless from all liability and legal proceedings arising from any injuries connected with games, practices, or transportation to and from games.

____ I hereby grant permission to the adult supervisor in charge to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

____ My child is covered for hospitalization and medical care under Policy # _____, issued by _____.

____ I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

Please include any other medical information concerning medication, allergies, illness, etc.

Parent/Guardian Signature

Date

E-mail Address: _____

Cell # _____

Emergency Contact Name: _____

Relationship to Child: _____

Phone # _____

My child has permission to ride with another family to and from the scheduled events.

NAME OF FAMILY: _____

Parent/Guardian Signature

Date