

SPORT: _____ TEAM: _____

IHM Athletic Association
2006-2007 PLAYER CONTRACT

YOUTH NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE _____ BIRTHDATE _____ M _____ F _____

HOMEROOM _____ GRADE _____

CHURCH REGISTERED _____

Have you played on a team in the League in previous years? YES/No (circle one)
If yes, for what team did you play? _____

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

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 advisor 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.

ADD any other medical information concerning medication, allergies, illness, etc. _____

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

EMAIL ADDRESS: _____

PAGER/CELL NUMBER _____

EMERGENCY CONTACT NAME: _____ EMERG PHONE # _____

RELATIONSHIP TO CHILD: _____