



**IHM Athletic Association
PLAYER CONTRACT**

YOUTH NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

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

HOMEROOM: _____ **GRADE:** _____

CHURCH REGISTERED: _____

In consideration of the wholesome recreation and/or learning experience in which my son/daughter will participate, I/we as parent(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 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.**

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

Parent/Guardian Signature Date

E-mail Address: _____ **Cell Number** _____

Emergency Contact Name: _____ **Phone:** _____

Relationship to Child: _____