

LEMONT CATHOLIC SOFTBALL

Looking for some summer fun???

WELL . . . PLAY BALL!!!



A Summer Softball
Team for HIGH SCHOOL teens
is being put together and
you can be part of it !!!

COST: \$45.00 - includes team shirt, & league fees

Practices: Beginning MAY, time TBD

Games: 2 x's weekly -mid JUNE to first week of AUGUST

League Tournament – First week of August

Home games & Traveling games – dates will vary

DEADLINE: MONDAY - May 19th

- | | |
|-----------------------------------|------------------------------|
| 1) CHECK MADE OUT TO: | LEMONT YOUTH MINISTRY |
| 2) Fill out attached forms | |
| 3) DROP OFF/MAIL: | DIANE HERMAN |
| | 541 LEDOCHOWSKI ST. |
| | LEMONT, IL. 60439 |

Questions: 630- 257-0158

SSYMA

Southside Youth Ministers Association
14327 Highland Ave., Orland Park, IL 60462

Minors Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____

PARISH DOES NOT PROVIDE TRANSPORTATION TO ANY LEAGUE GAME & BOTH THIS PERMISSION FORM AND THE HEALTH FORM ON PAGE 2 IS REQUIRED.

Waiver and Release of All Claims

The Catholic Bishops of Chicago, the Southwest Suburban Youth Minister's Association, hosting parishes, park districts and their agents are committed to conducting programs and activities in the safest manner possible and hold the safety of participant in the highest regard. Participants and parents registering their child in these programs must recognize however, that there is an inherent risk of injury when choosing to participate in such activities. The CBC, SSYMA, hosting parishes/park districts and their agents insist participants follow safety rules and instructions which been designed to protect their safety.

Please recognize that the CBC, SSYMA, and hosting parishes/park districts do not carry medical accident insurance for injuries sustained in this program. Therefore, each person registering should review his or her own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the CBC, SSYMA, hosting parishes/park districts automatically responsible for payment of medical expenses.

Please read this carefully and be aware in registering your minor child/ward for participation in this program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

As the participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages or loss which, I or my minor child/ward may sustain as a result of participation in any and all activities connected with or associated with such program. I agree to waive and relinquish any claim my minor child/ward or I may have, as a result of participation in the program, against the CBC, SSYMA, hosting parishes/park districts and their agents, servants and employees.

I do hereby fully release and discharge the CBC, SSYMA, hosting parishes/park districts and their agents, servants and employees from any and all claims resulting from injuries (including death), damages and losses sustained by me or my minor child/ward arising out of, connected with or in any way associated with the activities of the program.

Parent/Guardian Signature: _____

Date: _____

The use of tobacco products, illicit drugs or alcohol by team members before or during a game WILL NOT BE TOLERATED.

HEALTH FORM

Minor's Full Name: _____

Address: _____ City: _____ Zip: _____

Minor's Social Security: _____

Name of Physician: _____ Phone: _____

Address: _____ City: _____

Emergency Contact Person: _____

Emergency Phone: _____ Relationship: _____

Insurance Carrier: _____

Policy Number: _____

List any Medical Conditions: _____

Date of Last Tetanus Shot: _____

List any Medications or Allergies of Minor: _____

MEDICAL RELEASE FORM

I hereby give my permission for _____ to receive any emergency medical exam/treatment due to any injury that my minor child/ward may incur while participating in this program/event in the SSYMA 16" Coed Softball League only if in the event that the authorized physician, parent or emergency contact person cannot be contacted and if in the judgment of the responsible adult supervisor deems emergency treatment necessary.

Parent/Guardian Signature: _____

Date: _____