

Gametime Dodgeball Consent Form

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| Players Name:  *Last First Middle Int.*  Players Birthday: Age:  *Month/Day/Year*  Team Name (if applicable): |
| Parent(s) Name(s):    Cell Phone:  Home Phone:  Email Address:  Home Address: |

\*\* I hereby acknowledge that I understand that in all activities of Gametime Sports Chesterfield there are risks of accidents that could result in bodily harm. I further acknowledge that my son/daughter has the physical capacity reasonably necessary to engage in the activity for which I have registered them. However, I do hereby waive all claims, which I might have against Gametime Sports or any of its counselors, trainers, or employees by reason of bodily injuries that my child may suffer arising out of his/her participation in the program. In case of emergency, accident, or illness, I give my permission for my child to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses, which are incurred on their behalf. \*\*

Parent/Guardian Signature: Date: