



Gametime Dodgeball Consent Form

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: _____