

Gametime Dodgeball Consent Form

	Last	First	Middle Int.	
Players Bir		th/Day/Year	Age:	
Team Name	e (if applica	ble):		_
Parent(s) N	ame(s):			
Cell Phone:				
Home Phon	e:			
Email Addr	ess:			
Home Addr	ess:			
I hereby acknowledge	that Lundersts	and that in all acti	vities of Gametime Sports Chesterf	field ther
es of accidents that consical capacity reasons wever, I do hereby wanselors, trainers, or eather participation in the child to be treated by	ald result in boably necessary and claims, in ployees by re e program. In a professional	dily harm. I furth to engage in the a which I might ha ason of bodily inj case of emergency medical person a	er acknowledge that my son/daught ctivity for which I have registered to we against Gametime Sports or any uries that my child may suffer arisi of, accident, or illness, I give my per and admitted to a hospital if necessa- are incurred on their behalf. **	ter has them. of its ng out of
ent/Guardian Signatu	re·		Date:	