

Chardon Storm- Informed Consent Form

I hereby give my permission for _____ to participate in Chardon Storm softball events. Further, I authorize the coaches to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and reasonable effort has been made to do so.

Parent or guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Other person to contact in case of emergency: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

Family physician: _____ Phone: _____

Medical conditions (e.g., allergies, chronic illness): _____

My child and I are aware that participating in softball is potentially hazardous activity. We assume all risk associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable-risk conditions associated with the sport. All such risk to my child are known and appreciated by my child and me.

We understand this informed consent form and agree to its conditions.

Child's signature: _____

Date: _____

Parents' or guardians' signature: _____

Date: _____