

**Saint Dominic Athletic Association Release Form**

Date Paid: \_\_\_\_\_

Membership Fee: \_\_\_\_\_

Sports Fee: \_\_\_\_\_

T-Shirt Fee: \_\_\_\_\_

Total: \_\_\_\_\_

Please Circle: Boys/Girls      Sport \_\_\_\_\_ Year \_\_\_\_\_

Name of Player: \_\_\_\_\_ Phone \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail \_\_\_\_\_

1. I hereby certify that I am the parent/guardian of the player named above, and that to the best of my knowledge, he/she is physically fit to participate in the above listed sport. I hereby consent to the player participating in the Saint Dominic Athletic Association Sports Program. He/she is also involved in the following activities during the season of the sport listed above:  
\_\_\_\_\_
2. It is understood that by signing this contract, I agree to abide by the rules of the above mentioned association and parish, including the Saint Dominic Parents Code of Ethics. It is also understood that signing this contract releases from liability: Saint Dominic Parish and School, the Saint Dominic Athletic Association, sponsors, managers, coaches, and assistant coaches, in connection with any injury to the player.
3. I further agree that he/she may be transported when necessary, in privately owned cars to and from places of such activities. I will not hold these drivers responsible for any injury to my child in case of an accident.
4. Insurance: It is the responsibility of each parent/guardian of said player participating in the above named activity to adequately cover that player with proper insurance.
5. In case of emergency, the Association requires the following:

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Type of Insurance \_\_\_\_\_ Policy # \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Father \_\_\_\_\_ Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Mother \_\_\_\_\_ Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Relative or neighbor to be called in the event parent/guardian cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

We hereby agree that the following organizations, SAY, GWAC, WBC, WFC, Knothole, its members, coaches, or officers shall not be liable for any injury or loss which my child or children sustain while participating in activities of any kind whether sponsored by it or under its the supervision and we agree to indemnify and to hold harmless the organizations, its members, coaches officers or designates of any kind from any claim whatsoever.

I have carefully read this general release of all claims and fully understand all its terms. I execute this release with full knowledge of its significance.

**\*\*\*All parents must abide by the Parents Code of Ethics and have received a copy of this Code of Ethics at the time this release is executed and returned to the Saint Dominic Athletic Association.**

Release executed on \_\_\_\_\_, 20 \_\_\_\_\_

Parent/Guardian