

PERMISSION TO PARTICIPATE

Athlete: _____ **Sport:** **BASEBALL**

Address: _____

Phone: _____ **Cell Phone:** _____

Business Phone: _____

I (We) hereby permit my (our) son/daughter to participate on the baseball team and to engage in all activities related to the team, including, but not limited to trying out, practicing and playing in competitions. I (We) understand and assume all risks, which may include, but are not limited to sprains, fractures, ligament or cartilage damage, neck and spinal injuries and serious injury to muscles, internal organs, and/or brain, associated with said participation and recognize the importance of following coaches' instructions regarding playing techniques, training guidelines and team rules. As part of this agreement to permit my (our) son/daughter to participate on the ST. JOSEPH BASEBALL team, I (We) also agree to provide the school administration the following forms, fees or information:

- | | |
|---|--|
| <input type="checkbox"/> Physical Examination Form | <input type="checkbox"/> Insurance Waiver |
| <input type="checkbox"/> Emergency Medical Authorization | <input type="checkbox"/> Training Rules |
| <input type="checkbox"/> Eligibility Information | <input type="checkbox"/> Participation Fees |
| <input type="checkbox"/> Permission to Participate | <input type="checkbox"/> Team Rules |

I (We) acknowledge that we have been properly advised, warned and cautioned by the administration and coaching personnel of the ST. JOSEPH school system that participation in athletics can result in an athlete suffering serious injury. Having been so cautioned and warned, with full knowledge and understanding of the risk of injury from participation in BASEBALL, it is our decision to consent to my (our) son's/daughter's participation.

Parent/Guardian Signature

Date

Athlete's Signature

Date

Athletic Department