

# Dodge ball Consent form

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

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Any physical limitations, medications, or allergies:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, has permission to participate in the dodgeball tournament. I understand that volleyballs will be used for the dogeballs, and that they will most likely be hit with a volleyball during the course of the tournament. With this signed statement I absolve Cindy O'Hara, St. Paul Lutheran Church, and any and all members of its governing boards of any responsibility for the safety and welfare, health and well being of the person named above, beyond such matters as may be called reasonable care for the students in the custody of a counselor and subject to all the counselor's clear instructions and assumes personally and exclusively all the responsibility and liability for accident, injury, etc. Which may occur to the above named student during the time of this tournament March 16, 2008.

Emergency Procedure: In the event of any emergency, leaders will attempt first to contact the parent. If this is not possible, first aid will be administered by staff or counselors, and if needed they will authorize emergency medical care by the hospital staff and or doctor selected by the staff or counselors

\_\_\_\_\_  
Signature of Parent/Legal Guardian if under 18 \_\_\_\_\_ date

In case of emergency, please contact:

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

Any additional contacts:

\_\_\_\_\_  
\_\_\_\_\_