

Archdiocese of Atlanta
St. John Neumann
Annual Medical Release

I understand that being involved in an athletic program can be a potentially hazardous activity. I assume all risks to my child while playing in the Saint John Neumann Recreation program including but not limited to, falls, contact with other players and participants, the effects of weather, including high heat and humidity, conditions of the playing surface and surrounding areas, being struck by the ball, bat or other equipment, striking or running into fences or bases, all such risks being known and appreciated by me.

After reading and understanding this waiver, I waive and release Saint John Neumann Catholic Church, the Recreation program, their representatives and successors from claims and liabilities of any kind arising out of my child's participation in this program.

Player's Name

<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	School Grade	DOB
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Street

City, State, Zip

Church Name	Envelope #
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Email Address: _____

** If Played last season: Coach's Name:	Shirt Color
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Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency Contact: _____ Phone # _____

Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Ins. Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____ Group Number _____

Signature of Parent/ Guardian _____ Date _____ (cont'd.→

(League Use Only)

Fee Paid:	Check # _____ \$ _____	Cash \$ _____
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Father/ Guardian's full name: _____

Home Phone # _____ Cell Phone # _____

Home Address: _____

Place of Business & address: _____

Would you coach: _____ Bus. Phone # _____

Mother/ Guardian's full name: _____

Home Phone # _____ Cell Phone # _____

Home Address: _____

Place of Business & address: _____

Would you Coach: _____ Bus. Phone # _____

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS.
PRESCRIPTION/NOTE SHOULD BE ATTACHED TO THIS FORM.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug Allergies _____

Other Allergies/ reactions (food, plants, insects, etc.) _____

List any other health problems/ limitations that we need to be aware of _____

Softball Information

2nd grade — 5th grade boys — games are Sat. & Sun. late afternoons
2nd grade — 5th grade girls — games are weekday evenings

6th grade — 8th grade boys — games are Sat. mornings
6th grade — 8th grade girls — games are Sat. afternoons

High school boys -- games are Sun. mornings
High school girls -- games are Sun. afternoons

All games are played at the St. John Neumann field.

No games are played after sunset.

High school games do not interfere with the Life Teen Mass.

There is no concession stand duty.

Practices are held at different times depending on the coach.

Coaches pitch in the 2nd – 5th grade leagues.

The cost is \$35.00 plus approximately \$10.00 for a shirt.

Individual trophies are included in the \$35.00 fee.

The season will start August 22nd and last until late October.

There are 10 regular season games plus a tournament.