



SAINT LOUIS SCHOOL
 2015 PINTO GOODWILL BASEBALL TOURNAMENT
PARENT'S CONSENT AND RELEASE FORM

TEAM NAME:	
COMMUNITY LEAGUE:	
HEAD COACH NAME:	
HEAD COACH ADDRESS:	HEAD COACH PHONE NUMBER:
COMMUNITY LEAGUE'S CERTIFICATE OF INSURANCE COMPANY (Company Name and Policy #):	
PLAYER'S NAME:	
PLAYER'S AGE:	PLAYER'S DATE OF BIRTH:
PARENT/GUARDIAN NAME:	
PARENT/GUARDIAN ADDRESS (Street Address, City, State, Zip Code):	
PARENT/GUARDIAN PH#:	

To be signed by parent or guardian. If parents are divorced or legally separated, this form must be signed by the parent having legal custody as established by court.

1. I/We have read the player agreement, and release of liability, and agree to allow our son/daughter to participate in the Saint Louis School Pinto Goodwill Tournament.
2. I/We release, discharge and agree not to take any legal action against the team, team sponsor, Saint Louis School or the field, or owner on which baseball is/was practiced or played by my team. I/We further agree that I/we shall hold harmless and fully indemnify Saint Louis School, Saint Louis School Pinto Goodwill Tournament, its

officers, employees or any person connected with the team, its agents coaches and managers.

3. I/We understand(s) and acknowledge and appreciate the risks and dangers involved in allowing our son/daughter to participate in the Saint Louis School Pinto Goodwill Tournament and I/we assume all risks of injury and damage incident to his/her participation in the Saint Louis School Pinto Goodwill Tournament. I/we further in consideration of the privilege to play the Saint Louis Pinto Goodwill tournament, hereby release, discharge and relinquish Saint Louis School, Saint Louis Pinto Goodwill Tournament, its officers, agents, volunteers, their representatives, employees and officials of and from all claims, demands, actions and cause of action of any sort, for any injuries sustained by our son/daughter.
4. I/We agree to the sole, exclusive and final jurisdiction and authority of the Saint Louis School Pinto Goodwill Tournament over any questions, dispute, disagreement or ruling involving our son/daughter of their team.
5. I/We agree in the event of illness or injury to my son/daughter during a Saint Louis School Pinto Goodwill Tournament game or practice, I/we hereby give consent for the performance of such diagnosis, medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child.

Your child must turn 9 on or after May 1, 2015 to be eligible to play.

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____

Date: _____

Relationship to the Player: _____

Emergency Contact Person's Name: _____

Emergency Phone Number: _____

Parent/Guardian Medical Insurance Name: _____

Parent/Guardian Medical Insurance Policy #: _____

Family Physician Name: _____

Family Physician Phone #: _____