

YOUTH SOFTBALL TEAM PERMISSION SLIP

(Middle School and High School Students Welcome)

Dear Parents and/or Guardians,

Your Son/Daughter _____ signed up to participate in the 2013 Lakes Vicariate Softball Season through Youth Ministry. We will be part of a co-ed softball league along with other parishes in our Vicariate. We will have 2-3 practices in May-Dates to be determined once fields are secured. We will have approximately 5 games, hosted at each parish and at Children's Village on Sunday afternoons in June and July.

A detailed list of dates, times and maps will follow.

WHAT IS EXPECTED OF A TEAM PLAYER:

The player will try to make as many games as possible. If they are unable to, the coach in charge should be contacted within 2 days prior to the game/practice.

We will provide bats, balls and bases. Please bring your own Softball Mitt and feel free to bring your own Bat. Always wear team shirt in a modest manner.

You are responsible for your own transportation to and from each game/practice and are expected to be there 15 minutes prior to start time.

We expect "Christian Behavior" from the players and their families. No swearing, smoking, drugs or alcohol are allowed. We are there for good, clean FUN!

OUR PRIMARY PURPOSE IS TO PROMOTE FUN AND FELLOWSHIP AND TREAT OTHERS WITH RESPECT. WINNING IS NOT IMPORTANT!

If you agree to the above expectations and are aware that the parish, staff, coaches, parent volunteers, other team players, other parishes and/or schools and the archdiocese are not responsible for any personal injuries, damages to property or liable in any way for the actions that take place during these games or practices, please sign below. This includes transportation to and from the games or practices. We are not in any way responsible financially for any problems that occur due to your participation.

Media Release-By signing below you are allowing us to share photos from the games/practices with other players, parishes, in the bulletins and newspapers as well as on websites.

Team Player Signature _____ Date _____

Parent/Guardian Signature _____ Phone # _____

Emergency Contact Name and Number _____

Insurance Name and Policy Number _____

Any Allergies or Medical Conditions we need to be aware of _____

PLEASE RETURN BY MAY 1st along with \$10 to help with the Children's Village Lunch we provide and an additional \$10 if you need a shirt (\$20 Total) Shirt Size _____