



# St. Frances Wolves Youth Softball Information

## SSYMA League

### **Open to:**

- Males and Females 8<sup>th</sup> Grade Graduates through High School Graduates
- Players can be active Teens in Youth Ministry, and friends.
- We will do our best to have an equal number of Males and Females.

### **Season:**

- June 4-July 30, 2018 Practices and games are primarily Monday-Thursday, 6:00-8:00. With the Tournament on Sunday July 29.
- Our Home field is Park School Field at 9960 W. 143rd ST.

### **Cost:**

\$25.00 Per Player

### **Registration:**

- **Return all forms and payment by May 21.**
- **Everyone must have completed the paperwork to be eligible to play.**

### **Uniform:**

- We will be using the Maroon Jersey with Yellow Lettering. If you don't have one, or need a new one, please mark your size on the consent form.
- All players must wear knee length shorts or pants
- All players must wear shoes.

### **Expectations:**

- The Spirit of a positive Catholic Youth Community is the purpose of the SSYMA League. Have good clean fun, by helping each person become better before winning and losing.
- Everyone including Players, Coaches and Parents are to demonstrate a good Christian attitude and behavior.



# SPECIAL EVENT CONSENT FORM

Youth Participant's Full Name: \_\_\_\_\_  
 T-Shirt Size: \_\_\_\_\_ Academic Year: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Youth's Cell: \_\_\_\_\_

**Special Event Consent**

I, the Parent/Guardian of the above named youth participant grant my permission for him/her to participate in the special youth ministry parish/diocesan event for which this form is intended. I understand that this event will be taking place offsite and that this activity will take place under the guidance and direction of employees and/or volunteers of Saint Francis of Assisi Parish and/or the Archdiocese of Chicago.

**Special Event Description**

Event Name: \_\_\_\_\_  
 Date(s) of Event: \_\_\_\_\_  
 Event Location(s): \_\_\_\_\_  
 \_\_\_\_\_  
 Event Coordinator(s): \_\_\_\_\_  
 \_\_\_\_\_

**Special Event Cost**

Please submit along with this form a check made payable to *St. Francis of Assisi Parish*, for the indicated amount. This fee will cover event admission and transportation, if provided.

\$ \_\_\_\_\_

**Event Transportation**

Mode of Transportation: \_\_\_\_\_  
 Date & Time of Departure: \_\_\_\_\_  
 Date & Time of Return: \_\_\_\_\_  
*\*All events will depart from and return to Saint Francis of Assisi Parish.*

NO TRANSPORTATION PROVIDED. Transportation to/from event is the responsibility of the participant.

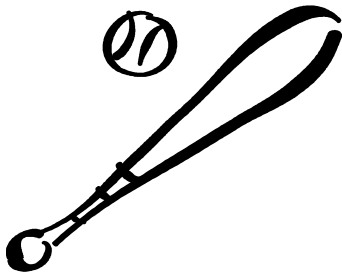
*\*\*I understand that in order for my son/daughter to participate in this activity I must also have the Annual Registration Form on file with Saint Francis of Assisi Parish. Failure to have completed properly the Annual Registration Form and/or the Special Event Consent Form will prevent my son/daughter from participating in this activity. I also recognize that if my son/daughter's medical information has changed that I will need to submit a new Annual Registration Form with this consent form.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Please Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**NOTARY IS REQUIRED FOR ALL OUT OF STATE TRIPS**

Parent/Guardian Signature: \_\_\_\_\_  
 Witnessed by: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
 Notary's Signature: \_\_\_\_\_

*Notary's Seal*



Minors Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Shirt size \_\_\_\_\_ E-mail \_\_\_\_\_

PARISH DOES NOT PROVIDE TRANSPORTATION TO ANY LEAGUE GAME:

### Waiver and Release of All Claims

The Catholic Bishops of Chicago, the Southwest Suburban Youth Minister's Association, hosting parishes, park districts and their agents are committed to conducting programs and activities in the safest manner possible and hold the safety of participant in the highest regard. Participants and parents registering their teen in these programs must recognize however, that there is an inherent risk of injury when choosing to participate in such activities. The CBC, SSYMA, hosting parishes/park districts and their agents insist participants follow safety rules and instructions which have been designed to protect their safety.

Please recognize that the CBC, SSYMA, and hosting parishes/park districts do not carry medical accident insurance for injuries sustained in this program. Therefore, each person registering should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the CBC, SSYMA, hosting parishes/park districts automatically responsible for payment of medical expenses.

Please read this carefully and be aware in registering your minor child/ward for participation in this program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

As the participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages or loss which, I or my minor child/ward may sustain as a result of participation in any and all activities connected with or associated with such program. I agree to waive and relinquish any claim I or my minor child/ward may have, as a result of participation in the program, against the CBC, SSYMA, hosting parishes/park districts and their agents, servants and employees.

I do hereby fully release and discharge the CBC, SSYMA, hosting parishes/park districts and their agents, servants and employees from any and all claims resulting from injuries (including death), damages and losses sustained by me or my minor child/ward arising out of, connected with or in any way associated with the activities of the program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The use of tobacco products, illicit drugs or alcohol by team members before or during a game WILL NOT BE TOLERATED.

PLEASE SEE SIDE 2 FOR HEALTH FORM

## HEALTH FORM

Minor's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Emergency Contact Person: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

List any Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

List any Medications or Allergies: \_\_\_\_\_

\_\_\_\_\_

### MEDICAL RELEASE FORM

I hereby give my permission for \_\_\_\_\_ to receive any emergency medical exam/treatment due to any injury that my minor child/ward may incur while participating in this program/event in the Southwest Suburban 16" Coed Softball League only if in the event that the authorized physician, parent or emergency contact person cannot be contacted and if in the judgment of the responsible adult supervisor deems emergency treatment necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

