

Stingrays – Summer League. June 21- July 15, 2021

Player's Name: _____ Age: _____ Grade:

Address, City, Zip:

Home #: _____ Cell #: _____ Emergency #:

Email Address: _____ Parent's Name:

RELEASE FROM LIABILITY AND INDEMNIFICATION / MEDICAL EMERGENCY RELEASE

"I certify that I am the parent or guardian of _____ and my child intends to participate in the above activity. On behalf of myself and my child, I agree to waive and release Cathedral Catholic High School, Progressive Athletics, StinraysD, and its coaches, for and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising out of my child's participation in the league or any illness or injury there from except injury deliberately or willfully caused. I recognize that the activity can be dangerous to my child and accept those dangers. I understand that if my child is injured this waiver will be used against me and anyone else claiming damage because of my child's injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver."

In the event of a sudden illness, accident or injury which may occur while said minor is engaged in activity supervised by Cathedral Catholic High School, Progressive Athletics, or StingraysD when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent for emergency treatment as shall be necessary and release and discharge Cathedral Catholic High School and Progressive Athletics on all claims for personal injury I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTAND THIS WAIVER AND RELEASE FORM.

Signature _____ Date

Medical History
