Participation Contract

Personal Information

Full Name:

Date of Birth:

Gender: ☐ Male ☐ Female ☐ Other Age

Address:

City: Postal Code:

Phone: Email:

Age/School and Medical Information

School

School Phone:

Medical Insurance:

Policy number

By signing below, I acknowledge and agree to the following terms as a condition of participation in the above-named organization's program:

1. I understand that participation involves physical activity and carries inherent risks of injury.

2. I agree to abide by all rules, policies, and codes of conduct established by the organization.

3. I agree to attend all scheduled practices, games, and events unless prior notice is given.

4. I understand that failure to comply with the organization's rules may result in suspension or removal from the program.

5. I accept full responsibility for any and all equipment/uniforms issued and agree to their prompt return.

6. I authorize the organization to seek emergency medical treatment for the participant if I cannot be reached.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____