

Bridgeport Township Parks and Recreation

CUSTODIAL PARENT/GUARDIAN CONSENT FORM

I hereby give my consent for my child to engage in all Bridgeport Township Parks and Recreation and Bridgeport Bandit Sports Association activities. I assume all risks and hazards incidental to such participation including transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Bridgeport Township Parks and Recreation, the Bridgeport Bandit Sports Association and/or the organizers, sponsors, supervisors, participants, volunteers, persons transporting my child, whether the results of negligence or for any cause, except to the extent and in the amount covered by accident and/or liability insurance. I further understand that my child will be expected to adhere firmly to all established athletic policies of the Bridgeport Township Parks and Recreation, the Bridgeport Bandit Sports Association as well as approved Bridgeport Bandit team rules.

Participant Name (Please Print) _____

Participant Signature _____

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Medical Consent Form

I, _____, the parent/guardian of

_____ recognize that as a result of activities participation, medical treatment On an emergency basis my be necessary and further recognize that Bridgeport Township Parks and Recreation, the Bridgeport Bandit Sports Association or the Bridgeport Bandits team personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances and to assume the expenses of the care.

Insurance Co.: _____

Policy#: _____

Parent/Guardian Signature: _____

Allergies or any other conditions that medical personnel should be aware of: