

Riverton Parks and Recreation

2012 Spring Adult Softball - Informed Consent and Authorization

The undersigned, as the parent/guardian of _____, agrees to allow my child to participate in the program/activity described below.

2012 Men's, Coed, Womens' Spring Adult Softball Ages 16-17 or bat boys/girls Season runs approximately Apr- Aug.

Program/Activity Description

These programs utilize Riverton City Softball field. Games are played on weeknights. Participation in these programs carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary on this activity and may include: hit by a bat, hit by a thrown or batted ball, sliding, collision with players or fences and (1) minor injuries such as a sunburn, windburn, scratches, bruises, blisters, rashes, head lice, strains, and sprains;(2) major injuries, such as eye injury or loss of sight or hearing, joint or back injuries, concussions, animal, insect or snake bites, broken bones, sunstroke, heat exhaustion, frostbite, hypothermia, lightening strike, illness from disease such as Rocky Mtn. Spotted fever, Lyme disease, and other parasites, to (3) catastrophic injuries as well as paralysis and death.

I recognize that the program/ activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

Insurance

I understand that in order for my child to participate in the program / activity described above, I am *required* to have health insurance to cover injuries to my minor child arising from his or her participation in the above-referenced program/activity and that Riverton City does not carry medical or accident coverage for this purpose. I hereby represent that my child or ward is and will be covered by the following health insurance:

Health Insurance Carrier: _____ Policy / Id. No.: _____

(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

Restrictions on child's participation (medical, etc.) _____

Emergency Medical Care Authorization

In the event my minor child or ward is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Riverton City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./paramedic/physician, such treatment is necessary.

I have carefully read and understand the contents of this document and I specifically intend it to cover my child or ward's participation in the above-referenced program / activity.

Participant's Name _____ Age _____

Dated this ____ day of _____, 2012.

Parent/Guardian
Name _____ Signature _____
(please print)

Parent Address _____ City _____ Zip _____

Phone
(h) _____ (c) _____ (w) _____

Person to Contact in case of emergency _____

Phone
(h) _____ (c) _____ (w) _____