

## PARENTAL PERMISSION

I, \_\_\_\_\_, THE PARENT OR GUARDIAN OF THE PARTICIPANT, \_\_\_\_\_, BY APPLYING TO PARTICIPATE IN THE OUR LADY OF HOPE ATHLETIC ASSOCIATION SPORTS PROGRAM, HEREBY GIVE MY APPROVAL TO HIS/HER PARTICIPATION IN ANY AND ALL RELATED ACTIVITIES DURING THE CURRENT SPORT SEASON.

I RECOGNIZE THAT PARTICIPATION IN ANY SPORT INVOLVES THE RISK OF INJURY TO THE PARTICIPANT. I UNDERSTAND THAT ACCIDENT AND MEDICAL INSURANCE ARE REQUIRED FOR SUCH PARTICIPATION AND HEREBY DECLARE THAT THE ABOVE NAMED PARTICIPANT IS COVERED BY SUCH INSURANCE.

I ASSUME ALL RISK AND I DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS OUR LADY OF HOPE ATHLETIC ASSOCIATION, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS, AND PERSONS TRANSPORTING THE ABOVE NAMED PARTICIPANT TO OR FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF AN INJURY TO THE ABOVE NAMED PARTICIPANT, EXCEPT COVERED FOR BY ACCIDENT OR LIABILITY PROVIDED FOR BY THE PROGRAM.

ALL INJURIES TO THE ABOVE NAMED PARTICIPANT, OCCURRING DURING ANY SCHEDULED ATHLETIC FUNCTION MUST BE REPORTED TO THE OUR LADY OF HOPE ATHLETIC ASSOCIATION IMMEDIATELY OR THE ACCIDENT INSURANCE IS VOIDED (24 HOUR MAXIMUM).

### AGREEMENT TO CARE FOR EQUIPMENT & ABIDE BY OLHAA BYLAWS & DIRECTIVES

I REALIZE THAT EACH PARTICIPANT AND HIS/HER PARENTS OR GUARDIANS ARE RESPONSIBLE FOR THE CARE AND CONDITION OF ANY EQUIPMENT ISSUED TO THEM AND SHOULD ANY PART OF THIS EQUIPMENT NOT BE RETURNED AND/OR DAMAGED, I WILL PAY FOR THE COST OF REPAIR OR REPLACEMENT.

I AGREE TO ABIDE BY THE BYLAWS OF THE OUR LADY OF HOPE ATHLETIC ASSOCIATION AND THE DIRECTIVES ISSUED BY THE ASSOCIATION.

### HEALTH HISTORY

HAVE OR SUBJECT TO (CHECK IF YES)

ASTHMA      FAINTING SPELLS      CONVULSIONS      HEART TROUBLE      BLEEDING DISORDERS

ALLERGY TO ANY MEDICATION, FOOD, PLANT, ANIMAL, OR INSECT TOXIN

ANY CONDITION THAT MAY REQUIRE SPECIAL CARE, MEDICATION, OR DIET  
EXPLAIN

CHECK HERE      IF NONE OF THE ABOVE APPLIES.

HEALTH/ACCIDENT INSURANCE COMPANY | \_\_\_\_\_

ARE THERE ANY RESTRICTIONS OF ACTIVITY FOR MEDICAL REASONS?  
EXPLAIN

THE HEALTH HISTORY IS CORRECT AS FAR AS I KNOW AND THE PARTICIPANT HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED ACTIVITIES EXCEPT AS NOTED BY ME.

PRINTED NAME OF PARENT OR GUARDIAN

HOME PHONE

BUSINESS PHONE

SIGNATURE OF PARENT  
OR GUARDIAN

DATE

*Parents: A Code of Ethics*

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this code of ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports event.

I will place the emotional and physical well being my child ahead of any personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will provide support for coaches and officials working with my child to provide a positive and enjoyable experience for all.

I will demand a drug, alcohol, and tobacco free sport environment for my child and agree to assist by refraining from their use at all youth sports events.

I will remember that the game is for children and not for adults.

I will do my best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

I will promise to help my child to enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation, or whatever I am capable of doing.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and the coaches agree to the youth's sports Coaches code of Ethics.

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Parents Signature

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Date