



Rockdale Christian Youth Sports, Inc. (RCYS)
Informed Consent Form

By signing below, I hereby give my permission for _____ (my child) to participate with RCYS, Inc., an adult coed softball league which is comprised of adults from age 17 – 100. In signing below, I acknowledge that my child will be playing adult softball which has the potential danger for injuries including bruises, sprains, broken bones, and more, even up to life threatening injuries.

By signing below, I authorize RCYS personnel to obtain emergency treatment on an injury to, or for illness of my child, if qualified medical personnel consider treatment necessary. I authorize qualified medical personnel to perform any necessary treatments for my child. I understand that RCYS (Rockdale Christian Youth Sports, Inc) does not maintain any obligation with respect to injuries to my child, and that all such efforts are voluntary only, and that all financial and legal obligations are the sole responsibility of the parent or legal guardian.

By signing below, I agree to not hold RCYS Inc, its volunteers, the umpires, Bethel Christian Church, and any others affiliated with the program, financially or legally responsible for any injuries to my child that are a result of he or she playing adult league softball.

By signing below, I agree that my child and I are aware that participating with RCYS Adult League softball is potentially hazardous activity. I assume all risks associated with participation in this sport including but not limited to falls, contact with other participants, the effects of weather, and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

Signature of Parent of Guardian _____ Date: _____

Name of child that desires to participate in adult league (print): _____

Parent or Guardian's full name (print): _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____

Email: _____ Family Physician: _____

Existing health condition: _____

Legal Relationship to Child: _____

Emergency Contact Name & Phone: _____