



Aitkin Softball Boosters

PARTICIPATION CONSENT FORM

Parent/Guardian Medical Authorization, Indemnity and Medical Coverage Assurance

We give our approval for the participation of our child in this softball program.

I understand that our child is participating in a softball program and that it is possible that our child could suffer an injury that requires medical attention at a time when we are not present.

We hereby authorize and approve any medical treatment for our child, and appoint any coach on our child's team as agent to authorize medical treatment for our child in the event the same is deemed necessary and neither parent of our child is available to approve such treatment. We understand should our daughter be injured, requiring the attention of a physician, we will provide a physician's release for her before resuming play.

We hereby hold Aitkin Softball Boosters together with its coaches and agents harmless from any action or decision and indemnify them from any claims or action arising out of any acts of judgment which they exercise relative to the care, treatment or other authorizations given by them for the medical treatment of our child.

We hereby release and agree to indemnify, hold harmless and defend The Aitkin Independent School District #1, Aitkin Softball Boosters, its instructors, coaches and agents from any liability and the expense for defending against the same on account of any claim for injury asserted by, on behalf of, or against my child or children whether those injuries arise from participation in the sport or during treatment as authorized by this form.

We have adequate medical protection for our child and will assume all responsibility for injuries incurred by our child while participating in this program.

We understand that wearing a mouth guard and/or a face guard is at our discretion and may prevent injuries.

We understand that Minnesota law requires information to be made accessible to all youth athletes and their parents or guardians about the nature and risks of concussions, including the effects and risks of continuing to play after receiving a concussion and the protocols. Below is a link to the Centers for Disease Control's website that contains information about the nature and risks of concussions, including the effects and risks of continuing to play after receiving a concussion and the protocols.

<http://www.cdc.gov/concussion/HeadsUp>

Child: _____

Signed: _____ on _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____