

DALLAS PAROCHIAL LEAGUE

School: _____

Child's Name: _____

Sport: _____

Grade Level: _____

Social Security Number: _____

INJURY WAIVER

I hereby consent and authorize for my child _____ (student's name) to compete in the Dallas Parochial League ("DPL") in the sport of _____ during the _____ season, and to travel with coaches or other representatives of the school on any trips in conjunction with the DPL activities.

In consideration of my child participating in the sport of _____, I hereby waive and release any rights and claims against the Diocese of Dallas, the Dallas Parochial League, the Parish of _____ and all coaches, whether paid or volunteer, for any liability or damages arising out of injury resulting from my child's association and participation in the DPL. In the event I cannot be reached in an emergency, I hereby give my permission to the school or coaches to secure proper emergency treatment for my child as named above.

I certify that my child is insured and that a physician has determined that my child is eligible to participate in the sport of _____.

Date

Signature of parent of guardian

Printed Name