

The Catholic Bishop of Chicago (CBC), a Corporation Sole, The Chicago Public Schools (CPS), and The South Side Boys Volleyball League (SSBVL) Child/ Minor Acknowledgement Form – CPS Schools

(PLEASE PRINT ALL INFORMATION REQUESTED; SIGNATURE REQUIRED AT BOTTOM.)

Name of Child: _____

Name of Parent(s) or Legal Guardian(s): _____

Full Address: _____

Home Telephone: () _____ Cell Phone: () _____

Work Phone: () _____ E-mail: _____

Activity: **Boys Volleyball** Activity Dates: **March –May, 2017** Activity Times: **VARY**

The Catholic Bishop of Chicago (CBC), the Chicago Public Schools, Brother Rice High School, Saint Ignatius College Prep, the Chicago Ridge Park District, all member schools, all host schools, and parishes of the South Side Boys Volleyball League (SSBVL) are committed to conducting programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in these programs must recognize there is an inherent risk of injury when choosing to participate in these activities including athletics. The CBC and all parties associated with the South Side Boys Volleyball League insist participants follow safety rules and instructions designed to protect the safety of the participants and the attendees.

Please recognize the CBC, the Chicago Public Schools, and all participating members and venues of the SSBVL do not carry medical insurance for injuries sustained in its programs. The cost would make program fees prohibitive. Each person registering themselves or a family member for a program/ activity should review their own health insurance for coverage. The absence of health insurance coverage does not make the CBC, the Chicago Public Schools, or any member parish, school, or party associated with the SSBVL responsible for payment of medical expenses.

I recognize and acknowledge there are risks of physical injury and I agree to assume the full risk of any injuries (including death), damages, or loss which I or my minor child/ward may sustain as a result of participating in activities connected with this program. If I am responsible for the transportation of my child/ ward to and from the event, the use of my personal automobile to transport participants or attendees is not sanctioned by the CBC, the Chicago Public Schools, or the SSBVL and is my voluntary undertaking. If an Adult Volunteer Driver transports my child, I acknowledge the risks associated with this choice. In either case, it is understood and acknowledged by the adult driver that their automobile insurance is primary; the driver will understand and comply with the rules and regulations of the Illinois Motor Vehicle Code; and, the driver understands and will comply with Federal, State, and local laws. During the event(s) and to and from the event(s) the driver will not engage in any inappropriate behavior or activity.

On behalf of myself or child/ ward, I will indemnify the Catholic Bishop Of Chicago, a Corporation Sole, the Chicago Public Schools, and all parties associated with the South Side Boys Volleyball League from claims resulting from injuries (including death), damages, and losses sustained by me or my minor child/ ward or arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize the CBC, the Chicago Public Schools, SSBVL member parishes and schools, or SSBVL officials to secure from any hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's/ ward's immediate care and agree I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above program details.

Parent/ Guardian Signature(s): _____

Date: _____

Updated January, 2017