

PARENT EMERGENCY CONSENT FORM

As the parent or legal guardian of the child(ren) listed on the Registration form, I hereby give consent for emergency medical care. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child(ren). Recognizing the possibility of physical injury, I hereby release, discharge and/or indemnify St. Rose's Garden, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields, and facilities utilized for the Programs against any claim by or on behalf of the registrant(s) as a result of the registrant's participation or being transported to or from the same, which transportation I hereby authorize. I, the parent/guardian of the registrant(s), a minor, agree that I will abide by the rules of St. Rose's Garden and its affiliated organizations and sponsors.

Signature Parent/Guardian

Date

Signature Parent/Guardian

Date