

Team name: _____

Division:
(circle one)

1
(Grade 6)

2
(Grades 7-8)

Youth Conduct Agreement

In consideration of being allowed to participate in this event, I hereby expressly assume all risks associated with participating in CF Challenge and related activities. I am responsible for my own health and safety. I attest that I am physically fit and able to participate in the CF Challenge; and I agree to stop and ask for help if there any conditions arise which would make it difficult or unsafe to continue. I understand that I have a responsibility to abide by CF Challenge rules and instructions provided to ensure the safety, security, well-being, and respect of myself and others. I understand that the CF Challenge, its volunteers, and representatives will not be held liable if I fail to abide by these rules or instructions.

I have read, understand and agree to the terms of this Agreement.

Participant's signature

Printed Name

Date

Parental Authorization and Release

Lack of parental consent to the terms of this authorization will render the student ineligible to participate.

I, the undersigned, am the parent or legal guardian of the Participant listed in the Youth Conduct Agreement above, and I hereby grant my consent and permission for this Participant, a minor, 1) to participate in any and all activities offered by the CF Challenge and 2) to travel to and from the competition by private transportation in the company of parents or coaches, who cannot be held responsible for any accident or injury that may occur. I release St. Joseph's Catholic School, its Board members, volunteers and its representatives, of all liability and claims of whatever kind and nature (including, but not limited to, injuries and death) arising out of or resulting from his or her participation in these activities.

I, as the parent or legal guardian of the Participant listed above, hereby consent to the use of my child's photograph and name as it appears in this registration, to be used in CF Challenge promotion material, including but not limited to brochures and news articles about the competition.

I hereby authorize (name of chaperone) _____ to secure any services he or she deems necessary for my child in the event of an accident or illness. I give permission for my child to be evaluated, diagnosed, treated, and medicated by licensed medical or nursing personnel in accordance with standard practice. I understand that CF Challenge does not provide accident or health insurance coverage for my child; and I accept sole responsibility for the payment for those services.

I have read the foregoing Youth Conduct Agreement and this Parental Authorization and Release, and I hereby agree to its terms on behalf of myself and the Participant.

Parent's/Guardian's signature

Parent's/Guardian's Printed Name

Date

Street Address, City, State or Province, Zip or Postal code

Phone number

All pages of this form must be completed
CF Challenge 2017

Team name: _____

Division: 1 2
(circle one) (Grade 6) (Grades 7-8)

Emergency Information

Participant Name: _____

Health Insurance Carrier: _____ Group: _____

Policy #: _____ Policy Holder: _____

Allergies: _____

Medications: _____

Medical Conditions: _____

Special Needs: _____

Please list two alternative contacts in case we cannot reach you in the event of an emergency.

_____	_____	_____
Name of contact	Relationship to Participant	Phone number
_____	_____	_____
Name of contact	Relationship to Participant	Phone number

Coach: copy both pages of this form.
Keep original copy.
Send one copy, along with the Team Entry Form, to



St. Joseph's Catholic Faith Challenge
901 W. 4th Ave.
Kennewick, WA 99336

Questions? Call Angele St. Hilaire (509-572-9186)
or e-mail: angeletheresa@yahoo.com

All pages of this form must be completed
CF Challenge 2017