

Mary, Queen of Peace Parish
Social Hall/Gym Usage Registration/Consent Form

ACTIVITY/Session Dates: _____
(Play is limited to scheduled activity dates and time.)

NAME of PARTICIPANT _____

PHONE: Home _____ Cell _____

Dr. Name/Phone: _____ **Hospital** _____

Insurance holder and policy # _____

Allergies _____ **Medication** _____

Emergency contact & phone _____

Fee: \$25 per 10-week session (no refunds). **Team Coordinator(s):** _____

I do hereby release, hold harmless and covenant not to sue the Archdiocese of Seattle, Mary, Queen of Peace Parish, and all employees and leaders involved with this event. Nor shall said persons be held financially responsible for any injury, illness or death incurred as a direct result of this activity. I recognize the risks involved, understand all terms, and consent to these conditions. I remain fully liable for any legal responsibilities that may result from actions taken by me. In the event of an emergency, I hereby authorize emergency treatment to be administered.

Signature _____ **Date** _____

While participating in gym activities at Mary, Queen of Peace, I agree to act in a Christ-like manner and will comply with all building usage rules and respect all requests made by parish staff. I have read and understood social hall/gym usage rules. I understand that violation of these rules will result in immediate stoppage of play and I will not be permitted to participate in future gym use.

Signature _____ **Date** _____

If participant is under 18, parent must sign:

I _____ give permission for my child _____ to participate in gym activities at Mary, Queen of Peace. I do hereby release, hold harmless and covenant not to sue the Archdiocese of Seattle, Mary, Queen of Peace Parish, and all employees and leaders involved with this event. Nor shall said persons be held financially responsible for any injury, illness or death incurred as a direct result of this activity. I recognize the risks involved, understand all terms, and consent to these conditions. I remain fully liable for any legal responsibilities that may result from actions taken by my child. In the event of an emergency, and I cannot be contacted, I hereby authorize emergency treatment to be administered.

Signature (parent/guardian) _____ **Date** _____

Please return to Team Coordinator or Parish Office. A copy of this form will be on file in parish office and in gym notebook. Participants must sign in before play and out when exiting the building.