

ST. PHILIP BIDDY BALL 2021

INFORMATION

\$70 Per Child

Checks made out to St.
Philip School (3420 St.
Phillip Road S Mt.
Vernon, IN 47620)

Due date: August 31, 2021

Interested in coaching?

Yes _____ No _____

Shirt Size: _____

Questions?

mtravers@evdio.org

LATE FEE

Forms turned in past
due date will need to pay
a \$10 late fee.

DATES

Practices: Oct. 16, 17, 23

Games: Oct. 24 & 30

Games: Nov. 6, 7, 20, 21

LEAGUES

Kindergarten (boys & girls)

1st & 2nd boys

1st & 2nd girls

WAIVER AND RELEASE CATHOLIC DIOCESE OF EVANSVILLE

YOUTH'S NAME _____

GRADE _____

BOY OR GIRL _____

SCHOOL _____

EVENT: BIDDY BALL GRADES K-2

Date(s) of Event _____ 10/2021 through 11/2021

I/We, the parent(s) of the above-named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify and hold harmless the Bishop of the Catholic Diocese of Evansville, St. Philip Parish/School, and Father Ryan, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

PARENT INFORMATION

PARENT SIGNATURE _____ DATE _____

PARENT(S) NAME _____

EMAIL ADDRESS _____

FATHER'S CELL # _____ MOTHER'S CELL # _____

UNIFORM

Shirt Size _____

BIDDY BALL ENROLLMENT FORM 2021

Child's Name _____

School _____

Grade _____ Boy or Girl _____

In case of an emergency & parents unavailable, please contact:

Name/Relation to Athlete _____ Phone _____

Does your child have any physical conditions that we should be aware of?

In case of an accident or serious illness and a parent cannot be reached, I/we hereby authorize the coach to make whatever arrangements necessary.

It is understood and agreed that neither the school, the coach, nor the Catholic Diocese of Evansville is the insurer of my child's health and safety while engaged in any extracurricular/athletic activity. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect my child against the costs of sickness or injury.

If the above named child needs emergency medical treatment and neither a parent nor the designated family physician can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

PARENT SIGNATURE _____ DATE _____