



Teach a Child. Coach a Team. Change a Life. **Project Coach.**

You must bring this completed waiver to tryouts to participate.

**Youth Coach Application
Project Coach Consent & Liability Form**

Child's Name Child's Birthdate (mo/day/year)

Child's School Grade Level Student ID #

Parent or Guardian Name Home Phone or Parent Cell Number

Street Address City Zip Code

I hereby agree that my child may participate in Project Coach. I grant permission to the staff and to any other adult, volunteer, or otherwise, who is acting as a chaperone and/or resource person in connection with activities organized by the said staff to administer any emergency first aid my child may require. Furthermore, I grant permission to the foregoing persons to select a hospital and/or physician for my child to receive emergency medical treatment if staff deems it necessary.

EMERGENCY INFORMATION

Phone Numbers To Reach Parent/Guardian During Project Coach:

1. _____ 2. _____

Persons Other Than Parent/Guardian To Call in an Emergency:

Name Relationship Cell Number

Name Relationship Cell Number



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Doctor & Phone Number: _____

Date of Last Physical: _____

Allergies: _____

Recent Injuries: _____

Disclosure: The PC program involves a variety of activities including without limitation: Participation in sports activities and travel in vans or cars owned by volunteers or Smith College to other locations outside of Springfield, MA. The level of participation is, at all times, completely up to the participant. Yet, there is risk, which must be assumed by each participant that she or he may suffer an emotional or physical injury including death resulting from participating in activities. **I accept full responsibility for requesting and understanding the particular details involved with these activities.**

Release of Liability: I understand the elements of this project may be physically or emotionally demanding. I affirm that my child's health is good, and that my child is not under a physician's care for any undisclosed condition that bears upon my child's fitness to participate in PC activities. I recognize the inherent risk of injury in PC activities. I understand that each participant must assume the risk of emotional or physical injury that could result from these activities. I release PC, Smith College, and all participating organizations, and their respective employees, officers and Directors, and all individual volunteers from all liability for any injury to my child (or myself) from participation in PC program activities, whether caused by their negligence or otherwise. I understand that if my child cannot control his/her behavior, the staff will exercise whatever non-violent means necessary to control the situation to insure the safety of my child and all other program participants. **By signing below I indicate I have read, understood, and I agree to all of the above provisions of this consent form:**

Parent/Guardian Name (Please Print)

Parent or Guardian Signature

Date

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