

St. Thomas Aquinas Parish – Diocese of Manchester
Player Participation Form 2017-2018

Child's Name _____

Date of Birth _____

Address _____

City, State, Zip _____

Home Telephone _____

Cell Phone _____

Email Address _____

Cost \$65.00

Checks Payable to : STA Parish

Date Paid _____ ck# _____

Golf Polo Size _____

Does child require clubs? ____

I am a registered parishioner of: _____ parish

Please allow my son/daughter _____ to participate in the 2017-2018 St. Thomas Aquinas Golf Program. I warrant and represent that my child is physically fit and capable of taking part in this activity. I make this warranty and representation on the basis of advice given to me by a duly licensed physician and I know of no change in my child's medical condition since receiving such advice that would affect the opinion of said physician.

I agree to release, indemnify and hold harmless the Roman Catholic Bishop of Manchester, a Corporation Sole, its constituent organizations, including but not limited to St. Thomas Aquinas Parish, from any and all liability for personal injuries or property damage or death to my child/ward that arises in any way from participation in the St. Thomas Aquinas Golf Program. Furthermore, I agree to have my child treated for emergency medical or dental problems that should result from injuries received, providing treatment is advised by a licensed physician or dentist. I accept full responsibility for all costs related to such emergency treatment.

On the line below I have listed any medical condition, physical disability, allergy to medicine which is relevant to rendering medical care to my child if he/she needs emergency medical care.

I understand that photographs of my child may be taken and used for publicity, newspaper articles, and/or on the St. Thomas Aquinas web site/social media pages. If you do NOT want your child's photograph used, you must notify the program director, Mrs. Sandy Sherman, in writing.

Parent/Guardian

Signature _____ Date: _____