

## ST. JOSEPH FLAG FOOTBALL - 2024

Are you ready for some football? It's time for FLAG FOOTBALL! After discussion with students, St. Joseph School will have an after-school intramural program for interested students in grades 5 – 8. The St. Joseph School Staff liaisons will be Austin Rudoll and Cris Meaden. The practices will be conducted by E3 certified volunteers.

The flag football fee for 2024 is **\$30** per student. This fee will be used to purchase shirts for the participants, and to purchase. The fee will be paid through TADS upon return of this waiver that will enable the shirt to be distributed upon arrival after verification fee is paid. The shirt will be the participant's shirt to keep. We are asking parents to provide appropriate bottoms (athletic pants or mid-thigh length shorts) and appropriate footwear.

All practices and games will be held at St. Joseph School on Tuesday and Thursday. Practices will be 3:15PM – 4:30PM. Games will be from 3:30-4:30PM. **STUDENTS WILL REMAIN IN THEIR HOMEROOM UNTIL MR. RUDOLL FINISHES CAR DUTY.** It is the parent's responsibility to ensure that their child is picked up promptly after games and practices.

Please refer the Athletic Policy regarding eligibility.

Practice is tentatively scheduled to begin the week of April 8. When practice starts, players may not practice without the permission slip. Please return the following permission slip to school as soon as possible.

Cris Meaden

St. Joseph School

# St. Joseph School Flag Football 2024

## PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Shirt size: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home/cell phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,  
Parent or guardian's name Child's name

to participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Joseph School – Rosemount.

### A brief description of the activity follows:

Type of event: Intramural flag football practices and games

Location: St. Joseph School

Staff member: Austin Rudoll and E3 certified volunteer coaches to be named later

Duration of activity: Spring 2024

Mode of transportation to and from event: Parental Transportation to away games and practices or walking to practices.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Joseph School - Rosemount, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate St. Joseph School – Rosemount the parish, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, chaperons, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photographs and Information:** I understand that photos may be taken of my child participating in sports and may be used by St. Joseph School in marketing and social media.

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

*(Of the following statements pertaining to medical matters, sign only those that are applicable.)*

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of St. Joseph Church - Rosemount, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself if needed) if a cell phone is not available.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. I understand that I will be responsible for any administration of medication during practices and/or games.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please circle one:**

- **No** medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.
- I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as COVID 19, mumps, measles, chickenpox, etc.? If so, date and disease or condition:

\_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

\_\_\_\_\_