



Darien Athletic Association  
Parental Consent Form

- I, the Custodial parent/Legal guardian, give my permission for my son/daughter participation in any and all DAA activities during the current season, including post season competition.
- I am aware that all sports can require strenuous, physical activities. I assume the entire risks and hazards incidental to such participation including transportation to and from activities and do hereby **WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS Darien Athletic Association** Youth Sports, its officers, coaches and volunteers.
- I, the Custodial parent/Legal guardian, give the staff of Darien Athletic Association permission to administer appropriate emergency medical attention to my child in the event of any accident, illness, or injury which occurred during any scheduled DAA function including the supervised travel to and from said functions.
- I also authorize any hospital, paramedic and or physician to administer appropriate emergency medical attention for any accident, illness or injury which occurs at any scheduled DAA function including the supervised travel to and from said functions.
- I have informed the DAA of any and all serious injury, illness, allergies or any other Medical condition of my participant that would prohibit participation in DAA activities?
- I the Parent/Guardian agrees to be financially responsible for the DAA uniforms and equipment issued on loan to applicant other than the normal wear during practices and games and I will reimburse DAA for the loss and damage of said uniforms and equipment.
- I the Parent/Guardian understand that if my child's team/squad qualifies for post season activities including but not limited to National events, I will be responsible for all travel and room and board expenses in which additional fundraising may be available to minimize these expenses.
- I the Parent/Guardian understand that my child's specific level of participation will be determined by DAA based on the child's safety and the best interest of the child.
- I the Parent/Guardian agree to attend the **Mandatory Parent Meeting** (prior to my child's participation) and abide by the DAA Parents Code of Ethics and all other DAA policies.
- I hereby give permission to DAA to take photos of my participant to be used for publicity release or the website.
- Prior to being assigned to a team, receiving any equipment, or attending practices the following documents **MUST** be provided to DAA. Failure to provide these documents by the dates requested will result in a mandatory drop.
  - Copy of certified **Birth Certificate** (NO hospital certificates).
  - Completed **Medical Release** signed by parent or guardian.
  - **Medical Sports Physical** dated after January 1<sup>st</sup> of this year and before July of this year.
  - Copy of **Final Report Card** issued in June of this year.
- I the Parent/Guardian understand that DAA highly stresses the importance of academic performance and my child will maintain a "C" or above average. To be eligible for academic awards I will furnish DAA with my child's final report card containing all grading periods from the previous year.
- I understand that I will receive no funds from the league for travel if I do not participate in fundraising.

I the Parent/Guardian have read the above Waiver of Liability and Legal Provisions and fully understand and accept its terms.

Participants Name: \_\_\_\_\_

Parent /Guardian Name ( print ) \_\_\_\_\_ Parent/Guardian ( Sign ) \_\_\_\_\_

Parent email(s): \_\_\_\_\_