

**SOCIETY OF SAINT PIUS X**  
**ST. LOUIS 2020 BASKETBALL TOURNAMENT**  
**RELEASE OF LIABILITY AGREEMENT**  
**AND PERMISSION TO TRANSPORT MINOR CHILDREN**



We, \_\_\_\_\_ and \_\_\_\_\_,  
Father Mother

parents of \_\_\_\_\_ hereby consent on  
Child(ren)

behalf of our child(ren) participation in the basketball event held at **7401 Balson Ave., St. Louis, MO 63130** on the **21<sup>st</sup>** day of **March 2020**. We further consent to allow any of the priests of the Society of Saint Pius X, or whomever they so delegate to transport my child(ren) to and from such event. *[Strike out previous sentence if not applicable, e.g. Individual is driven by family or friend, etc. to event].*

We further release and hold harmless \_\_\_\_\_,  
(Name of player's "home" church and school where parents & child are associated)

The Society of Saint Pius X, South-West District Inc., and any and every of its churches, chapels, schools, or other subsidiaries or affiliates, and any and every of the priests, delegates, drivers, volunteers, agents, employees, officers or directors of these entities from any liability or claim of liability, including negligence, and for any and all damages, including, but without limitation, personal injury, property damage, economic damages, consequential damages and incidental damages, (and especially including, but without limitation, personal injury incurred by involvement in a motor vehicle accident or personal injury incurred during the basketball game itself), which liability or claim of liability, and which damages arise from or relate to activities which take place during the basketball event or in the travel to and from said event.

Dated \_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

Parent Contact Number: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Team Captain(s) and/or chaperones:

\_\_\_\_\_  
\_\_\_\_\_

**SOCIETY OF SAINT PIUS X**  
**ST. LOUIS 2020 BASKETBALL TOURNAMENT**  
**MEDICAL TREATMENT CONSENT FORM**

We, \_\_\_\_\_, and \_\_\_\_\_, parents of  
(Father) (Mother)

\_\_\_\_\_, hereby consent on behalf of our child(ren), to any  
Child(ren)

hospitalization or medical treatment by any licensed physician in the case of illness or injury to said child, arising from or relating to events or activities which take place in the travel to and from and during the basketball event held at **7401 Balson Ave., St. Louis, MO** on the **21<sup>st</sup>** day of **March 2020** or while our child is otherwise within the custody of any of the priests, delegates, drivers, volunteers, agents, employees, officers or directors of The Society of Saint Pius X, South-West District Inc., or of any of its chapels, schools or other subordinates or affiliated organizations in connection with said basketball event.

Dated \_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

**Insurance Information\***

**Insurance Co. Name** \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Insurance Co. Phone # (\_\_\_\_\_) \_\_\_\_\_

**Group #** (Plan, Local, or Policy #) \_\_\_\_\_

**Policy Owner's Name** \_\_\_\_\_

**Relationship to Patient** \_\_\_\_\_

**Policy Owner's Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy Owner Social Security # \_\_\_\_\_

Policy Owner's Employer \_\_\_\_\_

Player's Social Security # \_\_\_\_\_

**Medical Information\***

Brief medical history of child(ren), including allergies and restricted medications: \_\_\_\_\_

\_\_\_\_\_

Child(ren)'s physician's name, phone and address: \_\_\_\_\_

\_\_\_\_\_

**In case of emergency, please call:** \_\_\_\_\_

\* Please complete all the above requested information. **Items above in red text must be completed.** All individual player and personal forms are shredded after the tournament for your security.