A separate parental consent is required to participate in Stickball. No Exceptions.

Participant
Name: _____
First Middle Last

Do you wear contact lenses? Yes / No
Have you had or do you now have (circle if yes):
Heart attack Diabetes Asthma Angina Epilepsy Chest pains
Drug Reactions High blood pressure Heart murmur
If you answered "yes" to any of the above, explain and include date: _____

_____

Do you or your child have any other medical conditions that we should be aware of? Yes/No

_____

Parental Informed Consent and Hold Harmless /Release Agreement

High Risk Activity Permission (Stick Ball Competition):

While injuries may occur with participation in any sport/activity, **STICK BALL** is classified as a rugged sport, involving running, pushing, falling to the ground and other physical contact, and that there are numerous obvious and non-obvious inherent risks already present in such activity despite all safety precautions.

I have carefully considered the risk involved and have given full parental consent for myself or my child to participate in **STICK BALL** without restrictions. I understand that participation in these activities is entirely voluntary, participation is in no way required by the BSA, and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of participation in STICK BALL.

Note: Scouts will not be allowed to participate in Stick Ball without the appropriate consenting signature.

Date	Signature of Participant	**Signature of Parent or Legal Guardian if participant is under 18**