

DIOCESE OF ORANGE

SPORTS AND YOUTH ACTIVITY PERMISSION FORM

CHILD OR CHILDREN'S NAME(s): _____ HAVEN or JAMS
_____ HAVEN or JAMS

YOUTH ACTIVITY: Youth Ministry Meetings

PARISH: Corpus Christi Catholic Christian Community

ADDRESS: 27231 Aliso Viejo Parkway, Aliso Viejo, CA 92656

PERSON(S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____

PHONE: _____

I, the parent (guardian) of the above named child, hereby, give my permission for his/her participation in the youth activities named above. I agree to direct my child to cooperate and conform with directions and instructions of parish, school or diocesan personnel responsible for youth activities.

I agree that in the event my child is injured as a result of his/her participation in the above named youth activities, including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the parish/school or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine and/or of my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I, hereby, give permission to the physician or dentist selected by the youth activities supervisory personnel then present to render medical or dental treatment deemed necessary and appropriate by the physician or dentist.

I, hereby, authorize the making of photographs, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

DATE: _____

ADULT LEADER: Linda Palomino

ADULT LEADER: Caryn Broesamle

PARENT/GUARDIAN: _____
SIGNATURE

PRINT NAME

ADDRESS: _____
STREET CITY ZIP CODE