

**EVENT:** (*Name and Date:* \_\_\_\_\_ )

(St. Anne's Mother of Mary (Mexico) and Christ Our Light (Pulaski) parishes)  
**YOUTH PARTICIPANT FORM AND LIABILITY WAIVER**

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: (Male or Female) Parish/Group \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

I, \_\_\_\_\_ grant permission for my child \_\_\_\_\_

(name of parent or guardian)

(name of child)

to participate in the (*Name of Event and Date* \_\_\_\_\_ )

**Medical Matters:**

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

**Emergency Medical Treatment:**

In the event of an emergency, I hereby give permission to (**St. Anne Mother of Mary (Mexico) and Christ Our Light (Pulaski) parishes**), and *the chaperones of these parishes (which forms one combined youth group)* 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 about number(s), contact:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

10-30-2012

**Please complete the reverse side!**



Specific Medical Information:

Allergic reactions (medications, foods, plants, insects, etc)

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Immunizations: date of last tetanus/diphtheria immunization

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Medications child currently takes \_\_\_\_\_

Any Physical limitations? \_\_\_\_\_

I agree that my child shall abide by all rules and regulations as outlined by the **personnel of the event**, and the parish of \_\_\_\_\_ In (city/town) \_\_\_\_\_.

I agree that if my child fails to abide by these rules and regulations that my child can be immediately dismissed from the program and sent home immediately at my expense.

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the parish. (Participants would not be identified, however, without specific written consent.). Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the parish in writing. Please note the parish has no control over the use of photographs or film taken by private individuals or the media that may be covering the event in which your child(ren) participate(s).

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**As a YOUTH PARTICIPANT from parish of :**

\_\_\_\_\_ in (city/town) \_\_\_\_\_

I understand and agree to the rules and regulations governing this event. I also understand and agree that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the event and that I will be sent home at my own or my parent or guardian's expense. Being found with any alcoholic beverage or drugs is cause for automatic dismissal from the event.

Signature of Youth Participant \_\_\_\_\_

Date \_\_\_\_\_