



### YOUTH PARTICIPANT INFORMATION

Participant's Name (First, MI, Last) : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Siblings Names: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Youth Email Address (not required): \_\_\_\_\_

Parish or Catholic School: \_\_\_\_\_

Activity or Event or Program: \_\_\_\_\_

T-Shirt Size (Please Select one):  Small  Medium  Large  XL  2XL  3XL  4XL

### LIABILITY WAIVER

The undersigned represent that they are the parents or legal guardians of *Participant* and have full authority under law to sign this document.

A. *Parents* grant their permission for *Participant* to enroll and participate in the *activity or event or program*.

B. *Parents* acknowledge and agree that:

- (1) *Participant* and *Parents* voluntarily seek to participate in the *activity or event or program*;
- (2) the *activity or event* may involve physical activity that involves risk of injury;
- (3) *Participant* and *Parents* will abide by all policies and rules established for the *activity or event or program*, instructions of those persons facilitating, organizing, or overseeing the *activity or event or program*;
- (4) *Parents* and *Participant* are responsible for *Participant's* conduct during the *activity or event or program* and are responsible for any damages, claims, or other costs caused by *Participant* or incurred as a result *Participant's* conduct; and
- (5) if *Participant's* conduct is inappropriate, unsafe, or detrimental to the *activity or event or program*, or to other participants or persons, the *Parish/School*, or the *Ordinariate*, may suspend or expel *Participant* from *activity or event or program* and future events.

C. **To the extent permitted by law, *Parents* (for themselves, heirs, executors, and administrators), for themselves and for *Participant*, release and agree to indemnify and hold harmless the *Parish/School* (including its faculty, employees, contractors, clergy, agents, facilitators, and volunteers), and the *Ordinariate* (The Personal Ordinariate of the Chair of St. Peter, a Texas non-profit corporation, including its employees, contractors, clergy, agents, facilitators, and volunteers), from any and all liability, claims, demands, and costs which may arise as a result of *Participant's* participation in the *activity or event or program* or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. *Parents* and *Participant* assume all risk of injury or loss to themselves or their property.**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY MEDICAL INFORMATION AND RELEASE

In the event of an emergency contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Alternatively, contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Participant's Insurance Carrier: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

*Copy of insurance card must be attached.*

*Participant* has the following conditions (allergies, medical conditions, etc.): \_\_\_\_\_  
\_\_\_\_\_

**NOTICE to those with FOOD ALLERGIES and OTHER ALLERGIES: Neither the parish, school, or the Ordinariate represents or gives any assurance that the facilities, or the food offered at the facilities, will not trigger food or other allergies. All students, parents, and guardians assume full responsibility for independently determining that the facilities and food will or will not trigger such allergies.**

*Participant* is currently taking the following medication(s): \_\_\_\_\_  
\_\_\_\_\_

*Attach copies of prescription and any instructions related to the medication, including the amount and timing of dosages.*

Special instructions or other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Unless this paragraph is struck and initialed by the undersigned, *Parents* authorize the *Parish/School* and the *Ordinariate* to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to *Participant* at *Participant's* request if the *Parish/School* or *Ordinariate* deem it reasonable to do so. The *Parish/School* will make reasonable attempts to notify *Parents* prior to authorizing any such over-the-counter medication.**

In the event of an emergency or a situation that is reasonably considered to be an emergency, *Parents* authorize the *Parish/School* and the *Ordinariate* to seek and authorize emergency medical care to be given to *Participant* (for example, first aid, medication, anesthesia, or surgery). The *Parish/School* will make reasonable attempts to notify *Parents* prior to authorizing any such emergency care.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VIDEO/PHOTOGRAPHY CONSENT

*Parents* grant *Parish/School* and the *Ordinariate* permission:

- (1) to photograph and video tape *Participant* during the activity or event; and
- (2) to use the photographs and video tapes in publications and promotions of the *Parish/School* and the *Ordinariate*, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION FORM**

I (name of parent/guardian) \_\_\_\_\_, grant permission for my child, (participant's name) \_\_\_\_\_, to participate in (event) \_\_\_\_\_ to be held (date) \_\_\_\_\_ (time) \_\_\_\_\_ at (location) \_\_\_\_\_.

***I have completed and returned a signed Emergency Medical Information and Release Form to be kept on file with the sponsoring organization.***

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Ordinariate of the Chair of Saint Peter, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

***In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.***

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event (see Youth Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

\_\_\_\_\_  
Signature (Youth Participant)

\_\_\_\_\_  
Date

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Signature (Parent/Guardian)

\_\_\_\_\_  
Date

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Signature (Parent/Guardian)

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Date

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Signature (Youth Participant)

\_\_\_\_\_  
Date