

Parental Consent for Youth to Participate in Activity, Emergency Medical Information, and Release

Participant Name: _____

Parent Names: _____
for themselves, heirs, executors, and administrators

Event _____

Parish/School: St. Paul Catholic Church Located In: Austin *(city)*,
Texas, a Texas non-profit corporation, including its faculty, employees, contractors, clergy,
agents, facilitators, and volunteers

Diocese: The Catholic Diocese of Austin, a Texas non-profit corporation, including its employees, contractors,
clergy, agents, facilitators, and volunteers

Transportation Provider: _____

- A. The undersigned represent that they are the parents or legal guardians of Participant and have full authority under law to sign this document.
- B. Parents grant their permission for Participant to enroll and participate in the Event.
- C. Parents acknowledge and agree that:
- (1) Participant and Parents voluntarily seek to participate in the Event;
 - (2) the Event may involve physical activity that involves risk of injury;
 - (3) Participant and Parents will abide by all policies and rules established for Event and instructions of those persons facilitating, organizing, or overseeing the Event;
 - (4) Parents and Participant are responsible for Participant's conduct during the Event 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 Event, other participants or other persons, Parish/School or the Diocese may be suspend or expel Participant from the Event and future Events.
- D. **Unless this paragraph is struck and initialed by the undersigned, Parents authorize Parish/School and the Diocese 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 Diocese 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.**
- E. In the event of an emergency or a situation that is reasonably considered to be an emergency, Parents authorize the Parish/School and the Diocese 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.
- F. Parents grant Parish/School and the Diocese permission:
- (1) to photograph and video tape Participant during the Event; and
 - (2) to use the photographs and video tapes in publications and promotions of the Parish/School and the Diocese, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.

G. To the extent permitted by law, Parents, for themselves and for Participant, release and agree to indemnify and hold harmless the Parish/School, the Diocese, and the Transportation Provider from any and all liability, claims, demands, and costs which may arise as a result of Participant's participation in the Event 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: _____

Please provide the following information.

Emergency Contact and Insurance Information

In the event of an emergency contact: _____

Phone: _____

Alternatively, contact: _____

Phone: _____

Participant's Insurance Carrier: _____

Phone: _____

Address: _____

COPY OF INSURANCE CARD MUST BE ATTACHED

Date of Last Tetanus Booster: _____

Participant has the following conditions (allergies, medical conditions, etc.): _____

Attach additional sheets if necessary

Participant is currently taking the following medication: _____

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

Special Instructions or Other Information: _____

Code of Behavior & Permission Slip

- I am responsible for my own actions. I am asked to assume the natural consequences of any negative behavior or disturbance. I will take full responsibility for any damage or theft as a result of my actions. I understand that the adult leaders are acting in my best interest and for the benefit of this event and will be enforcing this code of behavior. I understand that I need to listen when asked or instructed to act.
- I am expected to attend all aspects of the event mentioned above. I will report to any and all check-in times as a result of my participation in this event. I understand that if I fail to appear at any event or check-in times, my parent(s) will immediately be notified.
- For my safety, I realize that I am not allowed to leave the event site for ANY reason without approval of an ADULT EVENT STAFF PERSON and only if accompanied by an Adult Chaperone.
- **ALCOHOL, CIGARETTES, WEAPONS OR ILLEGAL DRUGS ARE STRICTLY PROHIBITED.** Possession of these substances is grounds for immediate dismissal.
- Christ-like behavior is expected from me at all times. Inappropriate contact, touch, gesture, language or activity of an offensive nature is NOT ACCEPTABLE.
- **I am responsible to keep track of personal items that I bring to this event. It is highly recommended that expensive jewelry, cell phones, pagers and audio/visual equipment NOT be brought to this event. The Catholic Diocese of Austin, St. Paul Catholic Church and the event staff will not be held accountable for lost or stolen items.**

I agree to abide by this “Code of Behavior.” As a representative of the Catholic Diocese of Austin and St. Paul Catholic Church, I am asked to project an image of Christian consideration, sensitivity and respect to others and the property around me. Infractions of these rules will result in event staff / or supervising adults discussing the infraction with me. In the unlikely event that the behavior problem requires action, my parent(s) or guardian(s) will be notified and I will be dismissed from this event. My parent(s) or legal guardian(s) will be expected to pick me up or I will be sent home with an adult chaperone at my own expense.

I understand and accept the “Code” outlined above.

Print Participant’s Name

Participant’s Signature

Date

I accept the conditions stated above regarding my child’s participation in the event listed at the top of this form. I give permission for my child to attend. As a participant, he/she has my permission to be driven to and from the event ONLY by an adult chaperone. I understand that all drivers must be 25-years of age or older.

Print name of parent or legal guardian

Signature of parent or legal guardian

Date