

ARCHDIOCESE OF LOS ANGELES
SPORTS OR YOUTH ACTIVITY/SERVICE PERMISSION FORM #E.2.1

YOUTH ACTIVITY/SERVICE _____
(DESCRIBE IN DETAIL; INCLUDE TRANSPORTATION)

CHILD'S NAME _____ PARISH _____

ADDRESS _____ PHONE _____
(STREET, CITY ZIP)

SCHOOL _____ GRADE _____ BIRTH DATE _____

PARENT/GUARDIAN NAME _____

HOME PHONE: _____

ADDRESS _____ WORK PHONE _____

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 TO DIRECTIONS AND INSTRUCTIONS OF PARISH, SCHOOL OR ARCHDIOCESAN 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 AND FROM THESE ACTIVITIES, WHETHER OR NOT CAUSED BY THE NEGLIGENCE (ACTIVE OR PASSIVE) OF THE PARISH/SCHOOL OR ARCHDIOCESAN YOUTH ACTIVITIES PROGRAM, OR ANY OF ITS AGENTS OR EMPLOYEES, RECOURSE FOR THE PAYMENT OF ANY RESULTING HOSPITAL, MEDICAL OR RELATED COSTS AND EXPENSES WILL FIRST BE HAD AGAINST ANY ACCIDENT, HOSPITAL OR MEDICAL INSURANCE OR ANY AVAILABLE BENEFIT PLAN OF MINE OR OF MY SPOUSE.

I AM NOT AWARE OF ANY MEDICAL CONDITION OF MY CHILD THAT RENDERS IT INAPPROPRIATE FOR HIM/HER TO PARTICIPATE IN ANY SUCH ACTIVITY.

I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE YOUTH ACTIVITIES SUPERVISORY PERSONNEL THEN PRESENT TO RENDER MEDICAL TREATMENT DEEMED NECESSARY AND APPROPRIATE BY THE PHYSICIAN.

ADULT LEADER _____ ADULT LEADER: _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

ADDRESS: _____