



**Archdiocese of Los Angeles - St. James Catholic Church
Parent/Guardian Consent Form and Liability Wavier
Saint James' Youth Ministry 2017-2018**



Today's Date: ____/____/____

Registraroin Fee: \$60/participant

Registered at St. James? ____ Env #: ____ If no, parish registered at: ____
(Yes or No) (Parish Name) (City, State)

Participant's Name: ____ Gender: ____ D.O.B.: ____
(Last Name) (First Name) (Middle Name) MM / DD / YYYY

Middle School: ____ Grade: ____ T-Shirt Size: ____

Participant's E-mail: _____

Home Phone: (____) ____ - ____ Participant's Cell: (____) ____ - ____ Text: Y ____ N ____

Address: _____
(Street) (City) (State) (Zip Code)

Father's Name: ____
(Last Name) (First Name) (Middle Name)

Father's E-mail: _____

Father's D.O.B.: (MM/DD/YYYY) ____ Father's Cell: (____) ____ - ____ Text: Y ____ N ____ Father's Work Number: (____) ____ - ____

Mother's Name: ____
(Last Name) (First Name) (Middle Name) (Maiden Name)

Mother's E-mail: _____

Mother's D.O.B.: (MM/DD/YYYY) ____ Mother's Cell: (____) ____ - ____ Text: Y ____ N ____ Mother's Work Number: (____) ____ - ____

Parents Martial Status: ____ Married ____ Divorced/Seperated ____ Widowed ____ Single Parent ____ Other: ____

Emergency Contact Name: ____
(Last Name) (First Name)

Emergency Contact #: (____) ____ - ____ Emergency Contact Relationship: _____

If your child has any special needs or food allergy/dietary, please explain: _____

Family Doctor: _____ Doctor Phone #: (____) ____ - ____

Insurance Co: _____ Insurance ID#: _____ Insurance Group #: _____

I, (parent listed above), grant permission for my son/daughter (listed above) to participate in regularly scheduled events on St. James campus, August 2017 - August 2018. I will contact the parish youth office with any questions. These regularly scheduled activities include but are not limited to: Edge Night, Teen RCIA, XLT, social events and/or fundraisings. As parent or legal guardian, I remain legally responsible for any personal actions taken by the young person listed above. I, as parent/guardian, understand that I will be responsible to remove my son/daughter from the meetings, activities, and/or events if my son/daughter is unable to follow the instructional guidelines for these meetings, activities, or events and causes a problem, which cannot be handled by the adult supervisors.

1. Waiver & General Release : I agree on behalf of myself, my child's other parent/guardian if known or living, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. James Catholic Church, including the Youth Ministry Office, its officers, employees, directors and agents, and The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation, it's employees and agents, chaperones, or representatives associated with the meetings, activities and/or events with respect to any and all actions, claims or demands that may be made or brought against the parish, its officers, employees, directors and agents, and The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation, it's employees and agents, chaperones, or representatives associated with the meetings, activities and/or events, arising from or in connection with my child's attending the meetings, activities and/or events or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, employees, directors and agents, and The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, it's employees and agents, chaperones, or representatives associated with the meetings, activities and/or events for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/Archdiocese.

2. Photo and Video Release : I hereby grant permission to St. James' Youth Ministry the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of St. James' Youth Ministry. I understand and agree that my child's image, name, voice and/or work (the "Personal Information") will be used for the particular reasons identified above. I further understand and agree that the Archdiocese/School/Parish may use the Personal Information for other noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that the Personal Information of my child may be copied, edited and distributed by the Archdiocese/School/Parish in publications, catalogues, brochures, books, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed (the "Materials"). The Archdiocese/School/Parish may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Archdiocese/School/Parish will not use the Personal Information for important purposes or in a manner inconsistent with the teachings of the Roman Catholic Church. I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. While the Archdiocese/School/Parish will take care to maintain the particular intents and purposes of the photographs or electronic recordings, editing may be necessary to obtain the best results. I release and discharge the Archdiocese/School/Parish and its employees and agents from any liability that may arise out of the making or editing of the photographs or electronic recordings, including but not limited to, distortion, blurring, alteration, optical or auditory illusion or use in composite form. In exchange for the Archdiocese/School/Parish's giving my child an opportunity to participate in the class/activity, I hereby agree that neither I, nor my child, will receive monetary compensation, royalties or credit for use of the photographs or electronic recordings by the Archdiocese/School/Parish. I understand and agree that the Archdiocese/School/Parish shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Archdiocese/School/Parish intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use. I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Archdiocese/School/Parish and its employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage. I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Archdiocese/School/Parish. However, my new authorization will not have the effect of revoking this Authorization, and the Archdiocese/School/Parish will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

3. Code of Conduct : Once the participant arrives at St. James, he/she is expected to stay within the limits designated by the youth minister and adult leaders. Participants must inform an adult if they need to leave early. a) Respect for all leaders and peers are essential. Positive speech is to be used toward others. Put-downs, gossip, foul language, & using God's name in vain, etc., will not be tolerated. b) Be on time for all check-in and departure times. c) Modesty (dressing appropriately) is important. It is important to dress in a way that respects our dignity. Clothing should not be revealing (no short shorts, no low-cut tops revealing cleavage, no midriffs exposed, no extremely tight pants). Guys should also take care to not dress immodestly (i.e., no "sagging" or extremely tight pants). Clothing should not advertise products, performers, or messages contrary to Catholic teaching or federal law. d) No PDA (public displays of affection), i.e. close/intimate physical contact with boyfriend/girlfriend is not appropriate during a church social function. This includes but is not limited to: lap-sitting, prolonged hand-holding, etc. e) Possession of weapons and possession or consumption of alcohol, tobacco, or drugs by the participant will result in immediate dismissal from the event, and calling of a parent/guardian and the police authority. f) Phones, electronic devices, and headphones are not to be used during events, unless indicated as part of an organized activity. Phones, iPods, and other mobile devices need to be left with the parent/guardian, or remain in the participant's pocket/backpack/purse. Participant will receive one verbal warning from the youth minister or adult leader; after this, the item will be confiscated until the end of the event.

4. Medical Matters : I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. The health (physical, mental, or emotional) concerns you should know about my child is listed above. Should it be necessary for my son/daughter to take medication while participating in this activity, I hereby give my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at St. James Catholic Church campus or at a Youth Ministry sponsored trip, meetings, activities, and/or events as prescribed by the physician. I acknowledge and understand that no health care professional or other trained adult may be available at St. James Catholic Church campus or at a Youth Ministry sponsored trip, meetings, activities, and/or events to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that St. James' staff, youth minister, and/or chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor St. James shall be liable for any adverse consequences or injury. I hereby give St. James staff, youth minister, and/or chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose. For all other medications, my son/daughter and I will comply with St. James' policies and procedures and will provide St. James with any medication my son/daughter requires in its original prescription bottle. I hereby will additionally fill out the appropriate Medication Authorization and Permission Form.

5. Emergency Medical Treatment : In the event of an emergency, I hereby give permission 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 numbers listed above, you may contact the emergency contact listed above.

6. Authorization For Non-Prescription Medication: (Please mark one of the following.)

_____ I hereby grant permission for staff and/or volunteers to give non-prescription medication (such as aspirin, throat lozenges, cough drops, etc.) to my child, if deemed advisable.
 _____ I hereby DO NOT grant permission for staff and/or volunteers to give non-prescription medication (such as aspirin, throat lozenges, cough drops, etc.) to my child, if deemed advisable.

In Signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I signed it knowingly and voluntarily.

Participant's Name: _____ Participant's Signature: _____ Date: _____
 Parent/Guardian's Name: _____ Parent/Guardian's Signature: _____ Date: _____