



LIFE TEEN

Today's Date: ____/____/____

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



Registration Fee: \$110/participant

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

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

High 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 Marital Status: ____ Married ____ Divorced/Separated ____ 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...

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...

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...

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...

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...

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...

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: _____