

PARTICIPATION/EMERGENCY MEDICAL FORM

Participant name _____ T-shirt size _____
Home address _____ City _____ State _____ Zip _____
Home phone _____ Teen Cell phone _____ Teen email _____
Date of birth _____ School _____ H.S. Graduating Year _____
Parent/Guardian Name _____ Parent email _____
Parent(Name) work number _____ (Name)cell phone _____
If we can not be reached in case of emergency please call _____
Address _____ Phone _____

CONSENT FORM AND LIABILITY WAIVER

I, as the parent or legal guardian of _____ do hereby grant permission for my child to participate in Holy Family Youth Ministry activities. I agree by my signature to release, absolve, indemnify, and hold harmless, the Holy Family School and Parish, its employees and agents, The Roman Catholic Diocese of Cleveland, their successors and assigns, from all debts, claims, demands, costs, expenses, damages, actions, and causes of actions, and I waive all claims of any kind against those mentioned.

Parent/Guardian Signature _____ Date _____

AUTHORIZATION FOR MEDICAL TREATMENT

I, as parent or legal guardian of _____ do hereby give my consent for Holy Family Staff and the Youth Ministry Board, or other adult representative, in the event that all reasonable attempts to contact me have been unsuccessful, to seek medical attention and treatment deemed necessary by Dr

_____ Phone _____ I give my permission to transfer my child to _____ hospital or any hospital reasonable accessible. Our insurance carrier is _____

_____ This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians concur on the necessity for such surgery and are obtained before surgery is performed.

Please list allergies and medical conditions _____

List any medications and dosage child is currently taking _____

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE FORM

As a participant in the Holy Family/IHM Youth program, I hereby give Holy Family Church my permission to use my likeness in photo or video form and my name in publicity, both within internal communication of the above-mentioned parishes for use in communication pieces, and to area news media in all forms without limit as to time.

I further release them from liability for what I might deem a misrepresentation of me by virtue of alterations, optical illusions, or faulty mechanical reproduction.

Participant Signature _____ DATE _____

Parent of Legal Guardian signature (If participant is under age 18) _____ DATE _____

FIELD TRIP PERMISSION FORM

I, _____ am the _____
(Name of Parent/Guardian) (Father, Mother, Custodial Parent, Legal Guardian)

of _____, a participant in the Holy Family Youth
(Child's Name)

Ministry Program. I hereby grant permission for the above named child to attend

_____ on _____
(Activity or Event) (Date)

from _____ to _____. I understand that the children will get to the place of the field trip by
(Time) (Time)

(Means of Transportation)

In consideration of the child being allowed to participate in the field trip, on behalf of my child, my spouse, and myself, I hereby release, discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, Holy Family Parish, employees and volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in the field trip including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child.

I fully understand what is involved in the field trip and understand that I have the opportunity to call the Youth Minister and ask him/her about the field trip.

(Parent/Guardian Signature) (Date)