

The Diocese of Birmingham in Alabama
Parent/Guardian Consent and Liability Waiver

Cost: \$125
Checks to OLS Youth

Parish/School or Organization _____

Event Information

Event: _____ Date(s): _____

Purpose of Event: _____

Departure Time and Location: _____

Return Time and Location: _____

Registration Contact: Name: _____

Address: _____

City: _____ Zip Code _____

Phone: _____

Destination: _____

Adult in Charge during Event: _____ Phone: _____

Mode of Transportation: _____

Participant Information:

Participant Name: _____

Birth Date: _____ Male Female

Parent/Guardian's Name _____

Address: _____

City _____ State _____ Zip Code _____

Parent Phone(s) with area code: _____

I grant permission for my child herein named to participate in the event described above.

I agree on behalf of myself, my child (named herein), our heirs, successors, and assigns to hold harmless and defend the Diocese of Birmingham in Alabama, its Bishop, Parishes, Employees and Volunteers from any liability for illness, injury or death arising from or in connection to my child's attendance at the event described above.

To the best of my knowledge, my child (named herein) is in good health, I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child for emergency treatment. I wish to be advised prior to any treatment by a hospital, clinic or doctor. ***I have noted any and all health/diet concerns on the reverse side (second page) of this form.***

As parent/legal guardian, I remain legally responsible for any actions taken by my child (named herein). My child will conduct himself/herself in a proper and respectful manner. I understand that failure to abide by standard codes of conduct will cause my child to be dismissed from the above named event. I agree that if my child is dismissed from the event I will travel (or send an adult designee) at my expense to the event location and retrieve my child.

Media Permission I give my permission for my child (named herein) to be photographed and/or recorded at the event described herein and understand that media produced may be used to advertise or promote future events: Yes No

Alternate Emergency Contact: _____ Relationship: _____

Phone number(s) of Alternate: _____

Signature of Parent/Guardian: _____ **Date:** _____

Participant Name: _____

MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Family Health Plan Carrier: _____

Policy/Contract Number: _____ Phone: _____

Name of Policy Holder: _____

My child is taking medication at present. He or She will bring all medications necessary, and such medications will be well labeled. Names of medications and instructions: _____

Optional Instruction:
Do not give non-prescription medication of any kind to my child without my express permission.
Exceptions: _____

Allergic Reactions (medications, foods, plants, insects, etc.) _____

Date of Last tetanus Inoculation: _____

Special Dietary Concerns: _____

-- Note: The parent or guardian must provide any special foods required by the child.

Physical Limitations: _____

Special medical or psychological conditions of my child:

-- Other Information--