

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

Cost: \$175  
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--