

CGS YOUTH RAD TIMES & GOOD VIBES

IF WEATHER PERMITS, JOIN US FOR ULTIMATE FRISBEE AT Spring Creek Oaks Park ON Friday April 13th AT 4PM.

Consent Form and Liability Waiver

Name: _____

Birth Date: _____ Sex: _____

Home Address: _____
Street City Zip

Home Phone: () _____ - _____ Business Phone: () _____ - _____

Important! To be filled out by the Parent/Guardian for youth under 18 years of age.

(If participant is 18 years of age or older, consent must be signed by the individual)

I (name of parent/guardian) _____, grant permission for my child, (participant's name), _____ to participate in CGS YOUTH RAD TIMES & GOOD VIBES to be held April 13th, 2018 from 4pm-6pm (Friday) at Spring Creek Oaks Park, 16984 TC Jester Blvd., Spring, TX 77379.

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representative associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge

Signature (Parent/Guardian) Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth Participant) Date

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional material (Newsletter, web page, calendars, power point, video, etc.) in highlighting the event.

Signature (Parent/Guardian) Date

MEDICAL CONSENT FORM

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the healthy of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

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 future treatment by the hospital or doctor and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____ Family

Doctor _____ Phone _____

Medications

My child will bring all such medication, well labeled, that are necessary. Names of medications and concise direction seeing that the child takes such medications, including dosage and frequency are a follows

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial).

Medical Conditions Information: (archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode of the following or has been diagnosed: ___ Seizures ___ Asthma ___ Diabetic
- Allergic reactions to the following (foods, dyes, latex, etc.) _____
- Has had a medical surgery within the last six months? ___ Yes ___ No Still under doctor's care? ___ Yes ___ No
- Has a medically prescribed diet? _____
- The following physical limitations? _____ • Immunizations current and up to date: ___ Yes ___ No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): _____

Insurance Information: ___ No, I do not carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age. Date

Signature (Participant 18 years of age or older must sign own consent) Date