

2009 - Summer Softball/Soccer Consent & Liability Form

Family Name _____
Date Form Completed _____

ST. MONICA, ST. RITA, ST. PATRICK CATHOLIC CHURCHES, PERMISSION SLIP/EMERGENCY RELEASE FORM

Youth's Name: _____ Grade _____ DOB _____ / _____ / _____ M / F
Address _____ City _____ State _____ Zip _____
Parent (s)/Guardian Name _____
Home Phone (_____) _____ Work Phone (_____) _____ Other (_____) _____
Physician's Name _____ Phone (_____) _____
Insurance Company _____ Member SS # _____ - _____ - _____
Policy # (if different _____) Group # _____ Phone (_____) _____
Pertinent Medical Information (including drug allergies, chronic conditions, current medications, other)

PERMISSION TO TRAVEL AND PARTICIPATE / LIABILITY RELEASE:

I/We, _____ the parent (s)/guardians of _____, a minor, do hereby give him/her permission to travel with the Youth Group of St. Monica, St. Rita, St. Patrick Catholic Churches and to participate in the 2009 Summer Softball & Soccer Youth Activities. We understand that our teen may be traveling via public or private transportation (for example: car, bus, boat, van, plane). We hereby recognize the inherent risk associated with the various youth activities and forms of travel, and agree to save and hold harmless St. Monica, St. Rita, St. Patrick Catholic Churches Catholic Church, the Roman Catholic Diocese of Dallas, and their employees, volunteers, and agents from any liability or expense that may arise from my teen's participation in youth events and any travel related incidents going to and from such event.
*Signature of Parent/Guardian _____ Date _____ / _____ / _____

PERMISSION TO DISPENSE OVER THE COUNTER MEDS AND FIRST AID:

I/We, _____ the parent (s)/guardians of _____, a minor, do hereby give my son/daughter permission to take the following "over the counter" medications as needed for minor aches and pains, under the supervision of church personnel. (Circle any and all that apply)
Imodium Antacid Dramamine Benadryl Sudafed Tylenol (Acetaminophen)
Advil (Ibuprofen) Triaminic (Cough Syrup) Midol Other _____
*Signature of Parent/Guardian _____ Date _____ / _____ / _____

AUTHORIZATION OF CONSENT TO TREAT MINOR: I/We, _____ the parent(s)/guardians of _____, a minor, do hereby authorize St. Monica Catholic Church, youth ministry leaders, servants, employees, officers and adult volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective for up to one year from the date of completion of this form, unless sooner revoked in writing delivered to said agent(s).

RELEASE OF LIABILITY: _____ (Parent/Guardian's name) shall indemnify, hold free and harmless, assume liability for, and defend St. Monica, St. Rita, St. Patrick Catholic Churches Catholic Church, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, medical fees, attorney's fees, discovery costs, court costs, and all other sums associated with any claim or action founded thereon, including those arising or alleged to have arisen out of treatment of aforementioned minor. We also release St. Monica, St. Rita, St. Patrick Catholic Churches Catholic Church, the Dallas Catholic Diocese, and any agents of the church of any liability incurred due to aforementioned minor's use of real or personal property belonging to St. Monica Catholic Church, St. Rita, St. Patrick Catholic Churches its agents, employees, or volunteers.

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