

DIOCESE OF CHARLOTTE

SPORT AND YOUTH ACTIVITY PERMISSION FORM

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| Activity: <i>(Please fill in your service project)</i> | Date: <i>(Please fill in date you can help)</i> |
| Youth's Name(s): | Parish: <i>St. Aloysius Church</i> |
| Home Address: | Home Phone: |
| School: | Date of Birth: |
| Parent/Guardian's Name: | Work Phone: Work Phone: |
| Address: <i>(if different than above)</i> | Cell Phone: Cell Phone: |
| Emergency point of contact (<u>other than parent</u>): | |
| Contact's number: | |

I, the parent (guardian) of the above-named child, hereby give my permission for his/her participation in the youth activities named above. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or Diocesan personnel responsible for youth activities.

I agree that in the event my child is injured as a result of his/her participation in the above-named youth activities, including transportation to and from these activities, whether or not caused by negligence (active or passive) of the parish/school or Diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of which my child would render it inappropriate for him/her to participate in any such activity.

I, hereby, give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Adult Leader:

Parent's/Guardian's Signature: _____ Date: _____

Accident/Hospitalization Policy Name: _____ Policy Number: _____

Telephone Number: _____

This form needs to be returned by: