



Please include fee with this form!

Early Bird Fees: (June 4th) \$185 per Teen or \$250.00 for a family of 2 or more

Regular Fees: (after June 4th will be accepted only if space permits)

\$210 per Teen or \$320.00 for a family of 2 or more

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Student Name: Last _____ First _____

Mother's Name: Last _____ First _____

Father's Name: Last _____ First _____

Home Address: _____ **Zip:** _____

Phone: _____ **Age** ____ **Date of Birth** ____ / ____ / ____ **Sex:** F M

Primary Family E-mail:

Grade Attending in the Fall 2017: _____ **School:** _____

Tee-shirt Size: S M L XL

MEDICAL CONSENT:

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health 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 further 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:

Emergency Phone #: _____

Family Doctor: _____ **Phone #:** _____

Health Insurance: _____ **Policy #:** _____

List all Allergies, special needs, medical concerns or medication being taken:

_____ 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)

CONSENT & LIABILITY WAIVER:

I (name of parent/guardian) _____, grant permission for my child, (participant's name),
_____ to participate in (event) _____ to be held (date)
_____ (time) _____ at (location)

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 representatives 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.

(Parent/Guardian) Date _____ Signature

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 materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

Signature (Parent/Guardian) Date

SIGNATURE: _____

Opportunities for Parents:

- ___ Donation of Snacks or Water Bottles
- ___ Donation for supplies, meals etc. \$25___ \$50___ \$100___
- ___ Chaperone on one of our field trip days
- ___ Help Coordinate a meal