

PARISH/ SCHOOL St. Anne's Fair Lawn

County Bergen

## Archdiocese of Newark CYO Athletics

### PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

**\*\*Participants must fill out a separate form for each sport they participate in**

PARTICIPANT'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ Grade \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ E-mail Address \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

I, (name of parent or guardian) \_\_\_\_\_, grant permission for my child (name of child)

\_\_\_\_\_ to participate in the Archdiocese of Newark CYO Youth Ministry Athletic Program of

Sport Basketball for the Academic year \_\_\_\_\_ - \_\_\_\_\_.

For value received, I agree on behalf of myself, my child's other parent if known or living (name of parent) \_\_\_\_\_, my child named herein, or our heirs, successors, and assigns, if any claim for my child's personal injury or wrongful death is commenced against the Archdiocese of Newark, Office of Youth and Young Adult Ministry ("OYM"), or the parishes involved in the aforementioned activity(ies), to defend, indemnify, and hold harmless OYM, its officers, directors, and agents, and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers, and employees of either the Archdiocese or any parish thereof, and chaperones or representatives associated with the "Program" with respect to any and all actions, claims, or demands that may be made or brought against OYM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers and employees of either the Archdiocese or any parish thereof, and chaperones or representatives associated with the "Program", arising from or in connection therewith, and I agree to compensate OYM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers and employees of either the Archdiocese or any parish thereof, and chaperones or representatives associated with the "Program" for reasonable attorney's fees and expenses arising in connection therewith

**MEDICAL MATTERS:** I hereby warrant that 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 OYYAM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the archdiocese, and the officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones or representatives associated with the "Program" 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. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

NAME and RELATIONSHIP: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

FAMILY HEALTH PLAN CARRIER: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number \_\_\_\_\_

(1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE BACK OF THIS FORM**

**Other Medical Treatment:** In the event it comes to the attention of OYYAM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the archdiocese, and the officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones or representatives associated with the "Program", that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called REGARDLESS of the Time, etc.

(2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

(3) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign ONLY if you have listed medications above in this part.

**Specific Medical Information: OYYAM, will take reasonable care to see that the following information will be held in confidence.**

- Allergic reactions (medications, foods, plants, insects, etc.) \_\_\_\_\_
- Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_
- Does child have a medically prescribed diet? \_\_\_\_\_
- Any physical limitations? \_\_\_\_\_
- Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? \_\_\_\_\_
- Has child recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc.? \_\_\_\_\_
- If so, date and disease or condition: \_\_\_\_\_
- You should also be aware of these special medical conditions of my child \_\_\_\_\_

I fully understand the consequences of the foregoing statements and sign this **PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER** knowingly, freely, and willingly. **(Your signature must appear below or your child will not be permitted to attend the "Program")**

(4) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mom's Cell Number \_\_\_\_\_

Mom's Email Address \_\_\_\_\_

Dad's Cell Number \_\_\_\_\_

Dad's Email Address \_\_\_\_\_

Parent or guardian **must** sign lines numbered 1 and 4. If your parish requires notarization of this form, please have notarized.