

Request to Participate Form

North Central Deanery Youth Athletic Program

January 1, 2020 – December 31, 2020

Dear Parent/Guardian:

If you would like your child to participate in these events, please complete, sign and return the following statement to consent and release liability. As parent, or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named participant. No youth may participate in these athletic events without a signed "Release to Participate Form".

I hereby request participation by my child, _____,

In the North Central Deanery Youth Athletic Program. I understand that these events may take place away from the Parish grounds and that my child will be under the supervision of a designated adult volunteer during the time period listed above. I further consent to the conditions stated above for participation in these events. I further understand and agree that I assume full responsibility for any loss or damage to property or for the bodily injury to others, caused by the above named youth whether by accident or intent. In the event that my child requires medical care while participating in the activity, I assume responsibility for payment of all expenses associated with such care.

I have read the above form; I fully understand and consent to its terms.

Parent/Guardian Signature

Date

Address,

City

Emergency Phone #

North Central Deanery Youth Ministry
Medical Information and Consent Form Jan 1, 2020 – Dec 31, 2020

Parish/City _____

Participant's Name _____ Date of Birth _____

Parent(s)/Guardian Name _____

Address _____

City/State/Zip _____

Phone # (H) _____ (W) _____ (C) _____

Emergency Contact (if parent/guardian cannot be reached):

Name _____ Phone _____

Physician's Name _____ Phone _____

Medical Information:

1. Does the participant take medications regularly? _____ Yes _____ No

If yes, describe: _____

2. Does the participant have any allergies or chronic illnesses? _____ Yes _____ No

If yes, describe: _____

3. Is the participant allergic to any drugs or medications? _____ Yes _____ No

If yes, describe: _____

List participants medical Insurance:

Name of Insurer _____

Policy # _____

In the event that my child, _____ requires emergency medical treatment due to illness or injury, I hereby give my consent to the following:

1. Parish volunteer supervising my child to arrange for emergency medical care at an appropriate medical facility;
2. Medical personnel at the medical facility to render necessary treatment to my child.

I further acknowledge and agree that I will assume responsibility for payment of all expenses associated with the medical care above described.

Parent(s)/Guardian _____

Date _____