

DIOCESE OF SPRINGFIELD
SPORTS AND YOUTH ACTIVITY PERMISSION FORM

Youth Activity:

Child's Name: _____ Date of Birth: _____

Address: _____ Home Phone Number: _____

School: _____ Grade: _____

Parent/Guardian's Name: _____

Address:

Home Phone Number: _____ Work Phone Number: _____

Person(s) (other than the parent/guardian) to notify in case of an emergency:

Name: _____ Phone 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 confirm with 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 payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance, or available benefit plan of mine or of my spouse.

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

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

Adult Leader: _____ Adult Leader: _____

Parent/Guardian's Signature: _____

Date: _____