

**Diocese of Allentown
CYO Parent / Guardian Permission Form & Release**

[Coach Copy]

Participant's name:	Birth Date (mm/dd/yyyy):	Sex:	Age:
Parish (other than St. Catharine of Siena):	School (other than Cathedral School):		Grade:
Home Address:			
Home Telephone Number (xxx-yyy-zzzz):		Business Telephone Number (xxx-yyy-zzzz):	

I (we), _____, grant permission for my (our) child, _____, to participate in all related programs or events associated with the CYO program at St. Catharine of Siena Parish and/or Cathedral School. These activities will take place under the guidance and direction of parish/school employees and/or volunteers. My (our) child understands and agrees to abide by all rules and regulations established by the Office of Youth & Young Adult Ministry and the parish/school pertaining to the CYO program.

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions taken by my (our) child. In consideration for my (our) child's participation, I (we) and my (our) child, agree and understand that we assume the risks inherent in the program, and with full knowledge of the risks, we, and our heirs, successors and assigns, agree to release and to hold harmless and defend St. Catharine of Siena Parish and/or Cathedral School, and the Diocese of Allentown, Bishop Edward P. Cullen, D.D., and all of their employees and representatives, including chaperones, volunteers or any other representative associated with the program (all of whom are collectively referred to as the Diocese) from claims from or related to my (our) child's participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

We have read carefully this entire (pages 1 and 2) **CYO Parent / Guardian Permission Form & Release** and agree to its terms and intend to be bound hereby.

Participant's Signature: _____ Date: 01/03/2010
Parent/Guardian Signature: _____ Date: 01/03/2010

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Participant's Signature: _____ Date: 01/03/2010
Parent/Guardian Signature: _____ Date: 01/03/2010

I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I (we) hereby give permission to transport my (our) child to a hospital for emergency medical or surgical treatment. I (we) 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 (us) at the above numbers, contact:

Name & Relationship: _____ Emergency Contact Telephone Number (xxx-yyy-zzzz): _____

Family Doctor: _____ Family Doctor Telephone Number (xxx-yyy-zzzz): _____

Medical Insurance Information:

Health Plan Carrier: _____ Group Identification Number: _____ Individual Identification Number: _____

I (we) hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my (our) child if deemed appropriate.

Specific Medical Information: The parish/school should be aware of the following medical conditions. The parish/school will take reasonable care to see that the following information will be held in confidence.

1. Allergic reactions (medications, foods, plants, insects, etc.): _____
2. Immunizations — Date of last tetanus/diphtheria immunization (mm/dd/yyyy): _____
3. Does child have a medically prescribed diet? (If YES, please explain): _____
4. Any physical limitations? (If YES, please explain) _____
5. Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition: _____
6. Other medical conditions of my (our) child: _____

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