

YOUTH CONSENT/LIABILITY WAIVER

Fill out a consent/liability waiver for each student you enroll.

Parish/School:

Last Name:

Diocese of Beaumont

Last Name

First Name

Middle Name

Gender (check one)

Male Female

Street Address/PO Box

City

State

Zip

Phones

Home:

Cell

Mother's Name

Business Address

Business Phone/Page/Cell

Father's Name

Business Address

Business Phone/Page/Cell

List below two neighbors or relatives who will assume temporary care of your child if you cannot be reached.

Name:

Address:

Phone:

Name:

Address:

Phone:

Religion:

Church you attend:

Grade (Fall 2020):

Age:

Date of Birth:

Place of Birth:

I/WE THE PARENT(S)/GUARDIAN(S) OF THE ABOVE NAMED INDIVIDUAL HEREBY GIVE MY/OUR CONSENT AND APPROVAL FOR HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES SPONSORED BY THE DIOCESE OF BEAUMONT AND/OR THIS PARISH/SCHOOL, INCLUDING PARTICIPATION IN ATHLETIC EVENTS. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENT TO THE CONDUCT OF SUCH ACTIVITIES, INCLUDING ANY AND ALL TRANSPORTATION, AND FOR AND IN CONSIDERATION OF THE EDUCATIONAL INSTRUCTION HE/SHE WILL RECEIVE IN CONNECTION THEREWITH, I/WE HEREBY AGREE TO RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS, AND DO BY THIS INSTRUMENT RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE DIOCESE OF BEAUMONT, AND/OR THIS PARISH AND/OR, AND ANY AND ALL ORGANIZERS OR SPONSORS, OF AND FROM ANY AND ALL LIABILITY FOR AN INJURY TO MY/OUR AFORESAID YOUTH, AND I/WE WAIVE ALL CLAIMS OF ANY KIND AGAINST ANY OR ALL OF THE ORGANIZATIONS OR PERSONS HEREINABOVE ENUMERATED, INCLUDING ANY AND ALL CLAIMS AGAINST ANY PERSONS TRANSPORTING MY/OUR CHILD TO OR FROM ANY SUCH ACTIVITIES HEREINABOVE NAMED.

I give permission for my child to attend and participate in events sponsored by
Immaculate Conception-St. Peter Parish and/or the Diocese of Beaumont.

Father's
signature:

Mother's
signature:

Date of
Signatures:

TO: Any Physician, Hospital or Authorized Health Care Provider:

FROM: The Parent(s) or Guardian(s) of

This is to verify that, in the event of my unavailability, a staff member of the Diocese of Beaumont Office, one of its parishes or schools, or an adult advisor of St. Peter Parish is authorized to order emergency medical care for my child named above, and is also authorized to execute any permission slips or other authorization required in connection with such care.

Signature of parent(s) or guardian(s):

Date of signatures:

Fill in ALL blanks below. If the answer is NONE or DOES NOT APPLY, write NA in the blank. Every blank needs a response.

Name of Insurance Company:

Policy Carrier (Name of Employer or Individual):

Policy Number:

Note below ay health conditions such as heart disease, diabetes, eye or ear problems, epilepsy, allergies, chronic ailments, etc.

List all known allergies:

Prescription/non-prescription drugs taken currently:

Date of last tetanus shot:

EMERGENCY CONTACTS

Name:

Phone:

Name:

Phone:

Comments: