**ARCHDIOCESE OF LOS ANGELES**

**SAINT JULIE BILLIART**

**SPORTS OR YOUTH ACTIVITY/SERVICE**

**PERMISSION FORM E.2.1**

**Youth Activity/Service:**

Address:

**Date of Activity:**

**Transportation** \_

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARISH: Saint Julie Billiart

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City & Zip Code)

SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE \_\_\_\_ BIRTH DATE \_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE \_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE \_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE \_\_\_\_\_\_\_\_\_

**PERSON(S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 CONFORM TO DIRECTIONS AND INSTRUCTIONS OF PARISH, SCHOOL, OR ARCHDIOCESAN 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 THE NEGLIGENCE (ACTIVE OR PASSIVE) OF THE PARISH/SCHOOL OR ARCHDIOCESAN YOUTH ACTIVITES PROGRAM, OR ANY OF ITS AGENTS OR EMPLOYEES, RECOURSE FOR THE PAYMENT OF ANY RESULTING HOSPITAL, MEDICAL OR RELATED COSTS AND EXPENSES WILL FIRST BE HAD AGAINST ANY ACCIDENT, HOSPITAL, OR MEDICAL INSURANCE OR ANY AVAILABLE BENEFIT PLAN OF MINE OR OF MY SPOUSE.

I AM NOT AWARE OF ANY MEDICAL CONDITION OF MY CHILD THAT RENDERS IT INAPPROPRIATE FOR HIM/HER TO PARTICIPATE IN ANY SUCH ACTIVITY.

I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE YOUTH ACTIVITIES SUPERVISORY PERSONNEL THEN PRESENT TO RENDER MEDICAL TREATMENT DEEMED NECESSARY AND APPROPRIATE BY THE PHYSICIAN.

I, hereby, authorize the making of photographs, video, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I, hereby wave any right to compensation therefore or any right that I otherwise might have to limit or control such making use.

**ADULT LEADERS:**

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_