



Parental/Guardian Consent Form and Liability Waiver

Event / Activity: **2022-2023 Extra-Curricular Sports**

Please circle the appropriate sport information below

Boys	JV (5-6) / Varsity (7-8)	Soccer
Girls	JV (5-6) / Varsity (7-8)	Basketball
Boys & Girls	Pee Wee (3-4)	Basketball

Participant's Name: _____ Grade: _____

Date of Birth: _____ Sex: M / F

Parent/Guardian's Name: _____

Address: _____ City, State, Zip _____

Emergency Phone: _____ Alternate Phone: _____

Contact Email #1: _____ Email #2: _____

I volunteer to be a coach: _____
Name (Please Print) _____ Email address _____

I volunteer to be a team parent: _____
Name (Please Print) _____ Email address _____

I, _____, grant permission for my child,
 Parent/Guardian's Name (Please Print) _____
 _____ to participate in the 2022-2023 Extra-Curricular Sport
 Participant's Name (Please Print) _____
 _____ at Our Lady of Grace School. This activity will take place
 Sport (Please Print) _____

under the guidance and direction of employees and volunteers from Our Lady of Grace School. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or my heirs, successors, and assigns, to hold harmless and defend Our Lady of Grace and the Roman Catholic Bishop of San Diego, and their respective clergy, officers, directors, agents, employees, chaperones or representatives associated with the activity, from any claim arising from or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Our Lady of Grace and the Roman Catholic Bishop of San Diego, and their respective clergy, officers, directors, agents, employees, chaperones or representatives associated with the activity for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Our Lady of Grace and the Roman Catholic Bishop of San Diego.

Signature / Date

PLEASE COMPLETE BOTH SIDES

Participant's Name: _____

Complete and sign the following statements that are applicable

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature / Date

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I 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 at the numbers on the reverse side of this form, contact:

Name: _____

Relationship to participant: _____

Primary Phone: _____ Secondary Phone: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Family Doctor: _____ Phone: _____

Signature / Date

Medications: Is your child currently taking any medication(s)? Yes No

If "Yes", please list medication(s) and reason for taking medication(s).

Signature / Date

Allergies: Does your child have any allergies? (i.e. medications, food, bees, etc.) Yes No

If "Yes", please list all allergies.

Signature / Date

Photo/Video Release: I grant permission for Our Lady of Grace Parish and Our Lady of Grace School (collectively "OLG"), their respective employees, representatives, or volunteers, to photograph or record on audio or video (tape or digital) My child for purposes of furthering the mission of OLG. Photos, audio or video may only be used in printed materials and any other visual display or media sponsored by OLG. I understand that such photos and/or video recordings will be used for OLG related purposes only and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

AGREE

DECLINE

Signature / Date

PLEASE COMPLETE BOTH SIDES