

**PARTICIPATION/EMERGENCY MEDICAL FORM**

Participant name \_\_\_\_\_ T-shirt size \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Date of birth \_\_\_\_\_ School \_\_\_\_\_ H.S. Graduating Year \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Parent work number \_\_\_\_\_ cell phone \_\_\_\_\_ pager \_\_\_\_\_  
If we can not be reached in case of emergency please call \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**CONSENT FORM AND LIABILITY WAIVER**

I, as the parent or legal guardian of \_\_\_\_\_ do hereby grant permission for my child to participate in Holy Family/Immaculate Heart of Mary Youth Ministry activities. I agree by my signature to release, absolve, indemnify, and hold harmless, the Holy Family/Immaculate Heart of Mary School and Parish, its employees and agents, The Roman Catholic Diocese of Cleveland, their successors and assigns, from all debts, claims, demands, costs, expenses, damages, actions, and causes of actions, and I waive all claims of any kind against those mentioned.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT**

I, as parent or legal guardian of \_\_\_\_\_ do hereby give my consent for Holy Family/Immaculate Heart of Mary Staff and the Youth Ministry Board, or other adult representative, in the event that all reasonable attempts to contact me have been unsuccessful, to seek medical attention and treatment deemed necessary by Dr \_\_\_\_\_ Phone \_\_\_\_\_ I give my permission to transfer my child to \_\_\_\_\_ hospital or any hospital reasonable accessible. Our insurance carrier is \_\_\_\_\_ This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians concur on the necessity for such surgery and are obtained before surgery is performed.

Please list allergies and medical conditions \_\_\_\_\_

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List any medications and dosage child is currently taking \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE FORM**

As a participant in the Holy Family/IHM Youth program, I hereby give Holy Family Church & Immaculate Heart of Mary Church my permission to use my likeness in photo or video form and my name in publicity, both within internal communication of the above-mentioned parishes for use in communication pieces, and to area news media in all forms without limit as to time.

I further release them from liability for what I might deem a misrepresentation of me by virtue of alterations, optical illusions, or faulty mechanical reproduction.

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Participant Signature \_\_\_\_\_ DATE \_\_\_\_\_

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Parent of Legal Guardian signature (If participant is under age 18) \_\_\_\_\_ DATE \_\_\_\_\_

**FIELD TRIP PERMISSION FORM**

I, \_\_\_\_\_ am the \_\_\_\_\_  
(Name of Parent/Guardian) (Father, Mother, Custodial Parent, Legal Guardian)

of \_\_\_\_\_, a participant in the Holy Family/Immaculate Heart of Mary Youth  
(Child's Name)

Ministry Program. I hereby grant permission for the above named child to attend

\_\_\_\_\_ on \_\_\_\_\_  
(Activity or Event) (Date)

from \_\_\_\_\_ to \_\_\_\_\_. I understand that the children will get to the place of the field trip by  
(Time) (Time)

\_\_\_\_\_.  
(Means of Transportation)

In consideration of the child being allowed to participate in the field trip, on behalf of my child, my spouse, and myself, I hereby release, discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, Holy Family or Immaculate Heart of Mary Parish, employees and volunteers from all claims, judgements, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in the field trip including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child.

I fully understand what is involved in the field trip and understand that I have the opportunity to call the Youth Minister and ask him/her about the field trip.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)