



CENTRAL CATHOLIC HIGH SCHOOL
DIOCESE OF STOCKTON
SPORTS AND YOUTH ACTIVITY
PERMISSION FORM

YOUTH ACTIVITY: **CENTRAL SAINTS YOUTH FOOTBALL PROGRAM**

PARENTS PROVIDE TRANSPORTATION FOR THEIR OWN CHILD

Describe in detail; include transportation

CHILD'S NAME _____ PARISH _____

ADDRESS _____
(Street, City, Zip)

SCHOOL _____ GRADE _____ BIRTHDAY _____ PHONE _____

PARENT/GUARDIAN NAME _____ PHONE _____

ADDRESS _____ WORK PHONE _____

PERSON (S) OTHER THAN THE PARENT/GUARDIAN TO NOTIFY IN CASE OF EMERGENCY

NAME _____ PHONE _____

I, the parent (guardian) of the above named child, give my permission for his/her participation in the youth activities named above. I agree to direct my child to cooperate and conform with directions and instructions of parish, school or diocesan 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 activities, including transportation to and from these activities whether or not caused by negligence (active/passive) of the parish/school diocesan youth activities 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 billed against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

I am not aware of any medical condition of my child that would render 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 treatment deemed necessary and appropriate by the physician.

PARENT/GUARDIAN SIGNATURE _____

DATE _____ **ADDRESS** _____