

School/Parish: Holy Family, Lawton

School/Parish Year: 2017 CVBS

**REGISTRATION CONSENT AND WAIVER FORM for RE/YOUTH ACTIVITIES**

*This Form must be completed and executed for participation in the RE/Youth Activities as a part of registration.*

(Please print)

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Girl/Boy: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Participant resides with (check all that applies): Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian(s) \_\_\_\_\_

Custodial Parent/Legal Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Second Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**PARTICIPATION PERMISSION:** I, the undersigned, am custodial parent/legal guardian of Participant and request that he/she be to allowed participate in the RE/Youth programs, events and activities to be held at **HOLY FAMILY** parish during the **2017 CVBS** school/parish year (the "RE/Youth Activities"). I understand that the RE/Youth Activities consist of weekly sessions and related activities which may be held from time-to-time.

**LOST OR STOLEN ITEMS:** I hereby understand and agree that neither the Archdiocese of Oklahoma City or \_\_\_\_\_ (Parish/School Name) nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my or my child's personal property lost or stolen during participation in the RE/Youth Activities.

**MEDICAL INFORMATION:** Is Participant taking any medications **OR** have any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.) \_\_\_\_ yes \_\_\_\_ no **If yes, explain (attach additional sheets as necessary):**

Does your child have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.) \_\_\_\_ yes \_\_\_\_ no **If yes, explain (attach additional sheets as necessary):**

Does your child have any allergies or adverse reactions to medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.) \_\_\_\_ yes \_\_\_\_ no **If yes, explain (attach additional sheets as needed):**

Does your child have any disabilities or physical or developmental limitations? \_\_\_\_ yes \_\_\_\_ no **If yes, explain (attach additional sheets as necessary):**

Date of last tetanus immunization: \_\_\_\_\_

Participant's Primary Physician: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_

Group# : \_\_\_\_\_ Policy#: \_\_\_\_\_

Name of primary insured: \_\_\_\_\_

\_\_\_\_\_  
**(Parent Initial)**  
Please turn sheet over for page 2.

**School/Parish: Holy Family, Lawton**

**School/Parish Year: 2017 CVBS**

**As a rule, medication will not be administered by RE/Youth Program staff. The exception is an RE/Youth program or activity that includes an extended day or overnight activity. If medication is required a Consent and Waiver Medication Form must be completed prior to the activity.**

**CONSENT TO TREATMENT OF PARTICIPANT:** I am the custodial parent or legal guardian of Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the RE/Youth Activities and I assume all responsibility for the health and physical condition and ability of Participant to so participate. In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. **I accept full responsibility for any medical or hospital bills associated with the care of Participant.**

**LIABILITY WAIVER:** In consideration of the arrangement set forth herein, I do on behalf of myself, Participant and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE**, Holy Family Parish, the Archbishop of the Archdiocese of Oklahoma City, and the Archdiocese of Oklahoma City and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or Participant may suffer due to illness or injury suffered by Participant as a result of, or in connection with, participation in the RE/Youth Activities, including the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, housing, meals and collateral entertainment to the fullest extent permitted by law.

**I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this REGISTRATION CONSENT AND WAIVER FORM FOR RE/YOUTH ACTIVITIES consisting of two (2) pages.**

**SIGNATURE:**

**Custodial Parent/Guardian Name (please print):** \_\_\_\_\_

**Custodial Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**ALL PARTICIPANTS FOURTEEN YEARS OF AGE AND OLDER  
MUST READ AND SIGN THE STATEMENT BELOW**

I acknowledge that I agree to conduct myself in a manner consistent with the policies of the **HOLY FAMILY PARISH** and that failure to do so may result in my being required to leave the RE/Youth Activity, and not being allowed to participate in future programs and activities, at the discretion of the Parish/School.

**SIGNATURE**

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_