

**Saint John the Apostle Catholic Church
Parental / Guardian Consent Form and Liability Waiver**

CHILD INFORMATION

Child #1 **Full Name:** _____ **T-shirt Size:** _____
School: _____ **Grade:** _____
Cell: _____ **Email:** _____

Child #2 **Full Name:** _____ **T-shirt Size:** _____
School: _____ **Grade:** _____
Cell: _____ **Email:** _____

Child #3 **Full Name:** _____ **T-shirt Size:** _____
School: _____ **Grade:** _____
Cell: _____ **Email:** _____

**Use of
Pictures for
Parish
Ministry**

*I give my permission for pictures of my child(ren) [named above] engaged in Youth Ministry activities to have their pictures posted in Saint John the Apostle Catholic Church, Saint John the Apostle Catholic Church Publications or on the Saint John the Apostle Catholic Church website for ministry purposes. Names of participants **will not** be used without expressed permission from the parent or guardian.*

YES NO

CHILD MEDICAL INFORMATION

First Name (include last if different)	Date of Birth	Gender	Medical Information (please give details below)		
			Allergies?	Medication?	Other Physical or Emotional Conditions
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

PLEASE READ THIS STATEMENT BELOW AND SIGN IN THE SPACE PROVIDED:

I, [Parent/Guardian named above] grant permission for my child(ren) [named above] to participate in any Saint John the Apostle Catholic Church sponsored event(s) for which they are registered throughout the year. I understand that these events will take place under the guidance and direction of parish employees and/or volunteers from the parish [named above].

In the event of any emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.

*As parent/legal guardian, I remain legally responsible for any personal action taken by my child. I agree to hold harmless Saint John the Apostle Catholic Church and the Diocese of Richmond as well as its officers, directors, agents, chaperons, or representatives associated with this event, arising from or in connection with my child attending this event, **or including but not limited to accidents, emergencies, exposure to reckless conduct of persons.***

PARENT / GUARDIAN SIGNATURE: _____ **DATE** _____