

CCOP Youth Ministry-SKI TRIP
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

Participant's Name: _____

Address: _____
City State Zip

Grade Entering Sept. 2009: _____ School: _____ Birth Date: _____

E-mail Address: _____ Home Phone: _____

Father: _____ Work Phone: _____
First MI Last

Mother: _____ Work Phone: _____
First MI Last

Father's pager/cell: _____ Mother's pager/cell: _____

In Case of Emergency: _____ Phone: _____
(Other than Guardian)

Relationship: _____

HEALTH AND MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Address _____
City State Zip

Medical Plan: _____ Plan Number: _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes No

State any reasons why you do not want medical care given to your child in an emergency: _____

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given: _____

Has your child had difficulty with the following: (please check all that apply)

Asthma Fainting Spells Convulsions Diabetes Heart Eyes Ears
 Nose Throat Lungs Digestion Other: _____

List any physical restriction or restriction for any activity on the basis of medical condition: _____

Allergy or reaction to any medications? No Yes, list: _____

Date of your child's last physical examination: _____

(PLEASE COMPLETE THE BACK OF THIS FORM)

1. I/we, parent(s) or authorized guardian(s) of _____,
give permission for his/her participation in the following youth ministry activity(ies):

Ski Trip-Sierra at Tahoe, Feb. 15th 2010 from 4:00 am-9:30pm

(name of event, date, location, time)

And all related activities, including but not limited to transportation to and from the youth ministry activities.

2. _____ I/we agree to
direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.

3. _____ I/we agree to
be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any youth ministry activity, whether or not caused by the negligence of the parish, youth ministry program employees, agents or volunteers or other participants.

4. _____ I/we
understand that children participating in youth ministry activities risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the activities of the youth ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating in the youth ministry activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily sign the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above.

Date: _____

Signature of Parent or Guardian

Date: _____

Signature of Parent or Guardian