

**ATHLETIC AND SPORTING EVENTS  
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Child/Ward Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my Child/Ward, \_\_\_\_\_,  
(Parent or Guardian's name) (Child/Ward Name)

to participate in this parish activity that may require transportation to a location away from the school/ parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from **St Mary Help Of Christian Catholic School**.

A brief description of the activity follows:

Type of event: **St. Mary's Sports**  
Location(s): **Aiken & Augusta Participating Schools**  
Individual in charge: **Coach & Parents**  
Mode of transportation to and from event: **Parents**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Parish/School, its officers, directors and agents, and Bishop of Charleston a Corporation Sole, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and Bishop of Charleston a Corporation Sole, coaches, chaperons, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTOGRAPH/PRESS RELEASE:** I realize that photographs, videos, written extractions, and voice recordings of program participants may be taken during various activities for the purpose of illustrations, publications, and websites.

I hereby authorize and give full consent to **St. Mary Help of Christians Catholic School**  
(Name of Parish/School)

To publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears while enrolled as a participant in the **St. Mary's Sporting Events**  
(Name of Event)

I do not consent to the photographs, videos, written extractions, and voice recordings release.

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the parish, its officers, directors and agents, and Bishop of Charleston a Corporation Sole coaches, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information: The parish/ school will take reasonable care to see that the following information will be held in confidence:**

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

***This FORM supersedes all other documents/permissions signed by parents/guardians and third parties.***