

Summer Youth nights

Medical/Liability Release

WHO: 2010-2011 5th-8th graders

DATES & TIME: Weds. June 16, July 7 & Aug. 4 6:30 – 8:00 PM

As a parent or guardian of (please print) _____, I request that my child or ward be a participant in the above activity. In case of medical or other emergency, I hereby give permission to the physician selected by the coordinator/s of this event, or his/her representatives, to secure medical care and treatment for my child/ward named above. I also release the coordinator/s and his/her representatives, and the Catholic Diocese of Tulsa from all responsibility for any liability arising out of any illness or accident which may be sustained by my child/ward during their care. I understand that reasonable efforts will be made to contact me immediately in the event that something unforeseen happens that needs my immediate attention, but if the coordinator or his/her representative are unable to contact me, I hereby, hold harmless and discharge forever the coordinator/s, the Catholic Diocese of Tulsa, employees, sponsors, chaperones, and affiliates from any and all liability, claim, loss, damage, cost, or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable in a legal way to any action or omission to act of any such person or organization in connection with the organization and execution of the aforementioned activity.

Signature of

Parent/Guardian _____

Name of Student _____ **Age** _____

Address _____ **City** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

In case of emergency notify: _____

Please list any medical or other conditions that anyone should be aware of in the event of a medical or other emergency _____

Student:

I understand and agree to abide by all the rules given by the appointed adult representatives while a participant at the above-mentioned activity. I also understand and agree that I will notify my parents or guardian at the time of any infractions that may require dismissal from the activity.

Signature of Student _____

Dear Parent's, please check below if you can help

Wednesday Youth Nights: June 16 July 7 Aug. 5 6:30-8:00 PM

_____ I can help chaperone (circle date(s) you can help)

Name: _____ **Phone:** _____