

**PERMISSION TO PARTICIPATE IN ECYD & CONQUEST ACTIVITIES**

1. CHILD'S NAME: \_\_\_\_\_ CHILD'S BIRTHDATE: \_\_\_\_\_

2. NATURE AND DURATION OF ACTIVITIES: ECYD & ConQuest activities throughout the school year 2018-2019. Activities include; recreation and sports (indoor sports and games in the gymnasium, outdoor games, outings), formation and virtue talks, prayer and Mass.

3. ACTIVITY SUPERVISOR(S): Fr. Chad Everts

4. REQUIREMENTS: The child named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 9 below.

5. MENTORING: Participants may be offered mentoring, which is intended to help young people personalize the principles of Christian living that they receive at home and in club activities. Mentoring involves a private conversation with an adult conducted in plain view of others. When dealing with adolescents, confidentiality will be maintained to foster openness of dialogue, but situations involving sexual abuse of a minor or threats to life or physical health will be reported to the appropriate authority and to the parents (except in those cases where the parent may be the alleged abuser).

6. CONSENT: I/We hereby consent to the above-named child's participation in the activities described above including mentoring, and specifically request that he/she be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to his/her participation in the activities described on this form, and all provisions contained herein.

7. INSURANCE: I/We understand that ECYD & ConQuest does not carry any health insurance relative to the activities or for any injury that may occur to the above-named child. I/We represent that the child is (a) covered by insurance through my/our own insurance carrier; or (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.

8. AUTHORIZATION: I/We hereby authorize ECYD & ConQuest to use the image and likeness of my/our child in photograph or video form whether taken by or commissioned by ECYD & ConQuest in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of my/our child's image and likeness on the website of ECYD & ConQuest or its successor in operation or affiliated organization(s) upon written consent of ECYD & ConQuest. I/We understand that this authorization shall survive the end of my/our child's participation in the activities referenced on this form.

9. EMERGENCIES: If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/our child's blood type allergies or other medical problems (if any) are listed below:

Blood Type: \_\_\_\_\_ Allergies / Medical Problems: \_\_\_\_\_

10. EMERGENCY CONTACTS: If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at the numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.

**Parents/ Guardians Contact Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Alternative Emergency Contact Information**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

11. RELEASE AND INDEMNIFICATION: I/We release and waive, and further agree to indemnify, hold harmless or reimburse ECYD & ConQuest. and Consolidated Catholic Administrative Services, Inc., the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees incurred by ECYD & ConQuest and Consolidated Catholic Administrative Services, Inc., or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision) without limitation in time or amount, damages or injuries arising out of, during, or in connection with my/our child's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive the end of my/our child's participation in the activities referenced on this form and shall have no limitation in time or amount.

I/We have read and understand the above and agree to all terms and conditions contained therein. DATE: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Parent / Guardian Signature

✂ --- to be detached later by the activity supervisor -----

**General information for organizational purposes**

First and Last Name: ..... Grade : ..... Home phone : .....

Address (street, city, zip code) : .....

Cell phone (parents) : ..... Email (parents): .....