

**DIOCESE OF SALT LAKE CITY**  
*Office of Youth and Young Adult Ministry*



Catholic Diocese of SLC  
Office of Youth Ministry  
27 "C" Street  
SLC, UT 84103

**CONSENT TO PARTICIPATE IN PARISH ATHLETIC  
RECREATION ASSOCIATION**

Dear Parent/Guardian:

Your child is eligible to participate in the parish-sponsored athletic association for the school year 2008-09. The group will meet under the guidance and supervision of the staff of \_\_\_\_\_ Parish (the "Parish") and in accordance with the policies of the Office of Youth and Young Adult Ministry of the Diocese of Salt Lake City and the Parish Athletic Recreation Association (P.A.R.A.).

"P.A.R.A. brings fellow Catholics and Christians to unity and community by following Christ's example of fair play and respect of all persons, namely; players, coaches, officials, spectators, staff and volunteers."

If you would like your child to participate in this group, please review, complete, sign, and return this Consent, Release of Liability and Medical Matters Statement to your Coach or Athletic Director.

**STATEMENT**

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

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

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

(To send updates on this program and other diocesan events)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

(Please note which type of phone)

**CONSENT:** I hereby consent to participation by my child in the Parish Athletic Recreation Association.

I hereby give my express and unqualified approval for my child's voice/verbal statements, written statements, portraits and/or video to appear in diocesan publicity, publications and/or public relations activities. The use of my child's voice/verbal statements, written statements, portraits and/or video may be used according to the sole discretion of the Diocese and is considered the property of the Diocese in perpetuity. No monetary consideration shall be paid.

**RELEASE OF LIABILITY:** I hereby release and hold harmless the Diocese of Salt Lake City ("Diocese"), the Parish, and their employees, agents, representatives and volunteers from any and all liability and claims arising from any illness or injury to my child and for any loss of property arising during said child's participation.

**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.

**Specific Medical Information**

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

\_\_\_\_\_

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

Does child have a medically prescribed diet? No Yes

Any physical limitations? No Yes

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting? No Yes

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox?

No Yes

If "Yes" has been marked and/or the Parish should be aware of this or any other medical conditions of my child, please explain in detail. \_\_\_\_\_

\_\_\_\_\_

**Please check the statements which are applicable to your child  
and provide the requested information:**

**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 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_

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

**Other Medical Treatment:** In the event it comes to the attention of the Parish, its officers, directors and agents, and the Diocese of Salt Lake City, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, please call me at the following number \_\_\_\_\_.

**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:** \_\_\_\_\_

***The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information as well as the Diocese and the Parish. Furthermore, in the event of any changes in the above information, I shall provide the same in writing to the Parish and the Diocese.***

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

Printed name of parent/guardian

Signature of parent/guardian