

Return this form on or before

DIOCESE OF FRESNO PERMISSION TO PARTICIPATE IN A PARISH ACTIVITY, RELEASE OF LIABILITY, AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM

TO THE PARENT/GUARDIAN: You must give permission for your child to participate in the specific event, activity, or sport indicated on this form. You must also have signed the annual form for your child to attend and participate in any parish sponsored event, activity, or sport.

Name of Child:	Parish Name: ST. FRANCIS CHURCH
Name of Parent/Guardian:	Calendar Year:
Event/Activity/Sport:	

My child is physically fit and capable of participation in this activity. I have told my child to follow the rules and instructions of the parish, parish personnel, diocesan personnel, or adult leadership of this activity. I understand that participation in this parish-sponsored activity involves some risk (including any travel to and from this activity) and that unforeseen events can occur. I am informed and agree that transportation, if involved may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but not under the supervision or control of the parish.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the parish. I release and discharge the parish from all liability or responsibility for death, illness, personal injury, or property damage arising out of the parish activity and any transportation involved with the parish activity.

This permission, waiver, release, and consent applies to the parish named, and to the Diocese of Fresno Education Corporation, The Roman Catholic Bishop of Fresno (A corporate sole, the Diocese of Fresno, all other Diocese of Fresno parishes, all schools, affiliated organizations, and their officers, clergy, agents, and employees.

Off-campus Field Trip Information:

Destination of Field Trip:	
Departure Date and Time:	
Estimated Return Date and Time:	
Mode of Transportation:	Trip Fee (if applicable):

In the event of an emergency and if the parish is unable to contact me, I authorize parish personnel or other adult leadership of a parish-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. A copy of this form shall be valid as the original and may be given to the adult leader of the activity.

Signature of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Daytime Phone (pager, cell):	Evening Phone (pager, cell)	
Doctor's Name:	Doctor's Phone:	
Insurance Company:	Policy #	
FOR OFFICE USE ONLY	Date Form Received:	Received By: