

APPENDIX I

ATHLETIC PROGRAM

JUNIPERO SERRA HIGH SCHOOL - 14830 South Van Ness Avenue. Gardena, CA 90249

ARCHDIOCESE OF LOS ANGELES SPORTS AND YOUTH ACTIVITY PERMISSION FORM FORM #E.2.1

YOUTH ACTIVITY _____
(DESCRIBE IN DETAIL; INCLUDE TRANSPORTATION)

CHILD'S NAME _____ PARISH _____

ADDRESS _____ PHONE _____

SCHOOL _____ (STREET, CITY, ZIP) GRADE _____ BIRTHDAY _____

PARENT/GUARDIAN'S NAME _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

(STREET, CITY, ZIP)

PERSON(S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ PHONE _____

I, THE PARENT (GUARDIAN) OF THE ABOVE NAME CHILD, HEREBY, GIVE MY PERMISSION FOR HIS/HER PARTICIPATION IN THE YOUTH ACTIVITIES NAMED ABOVE. I AGREE TO DIRECT MY CHILD TO COOPERATE AND CONFORM TO DIRECTIONS AND INSTRUCTIONS OF PARISH, SCHOOL OR ARCHDIOCESAN PERSONNEL RESPONSIBLE FOR YOUTH ACTIVITIES.

I AGREE THAT IN THE EVENT MY CHILD IS INJURED AS A RESULT OF HIS/HER PARTICIPATION IN THE ABOVE NAMED YOUTH ACTIVITIES. INCLUDING TRANSPORTATION TO AND FROM THESE ACTIVITIES, WHETHER OR NOT CAUSED BY THE NEGLIGENCE (ACTIVE OR PASSIVE) OF THE PARISH/SCHOOL OR ARCHDIOCESAN YOUTH ACTIVITIES PROGRAM, OR ANY OF ITS AGENTS OR EMPLOYEES, RECOURSE FOR THE PAYMENT OF ANY RESULTING HOSPITAL MEDICAL OR RELATED COSTS AND EXPENSES WILL FIRST BE HAD AGAINST ANY ACCIDENT, HOSPITAL, OR MEDICAL INSURANCE OR ANY AVAILABLE BENEFIT PLAN OF MINE OR MY SPOUSE.

I AM NOT AWARE OF ANY MEDICAL CONDITION OF MY CHILD WHICH WOULD RENDER IT INAPPROPRIATE FOR HIM/HER TO PARTICIPATE IN ANY SUCH ACTIVITY.

I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE YOUTH ACTIVITIES SUPERVISORY PERSONNEL THEN PRESENT TO RENDER MEDICAL TREATMENT DEEMED NECESSARY AND APPROPRIATE BY THE PHYSICIAN.

YOUR SIGNATURE SIGNIFIES YOUR AGREEMENT TO PAY IN A TIMELY MANNER ALL EXTRA FEES RELATED TO THE ABOVE ACTIVITY THROUGH THE MAIN OFFICE.

ADULT LEADER _____ ADULT LEADER _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

ADDRESS _____