

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age.

If participant is 18 years of age or older, consent must be signed by the individual)

I (name of parent/guardian) _____, grant permission for my child, (participant's name), _____ to participate in Tutoring, from the end of school till 4:30pm in the school library.

I agree on behalf of myself, my child's other parent if known or living (name of parent), _____, my child named herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, Sacred Heart Catholic Church, its pastor, youth ministry leader, or any representatives associated with the scheduled activity unless the parties involved were careless and negligent. In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian)

Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth Participant)

Date

Personal Info

Participant Info	
Name:	
Phone #	Alternate #
E-mail:	
<i>*Please provide legible, working contact info.</i>	

Emergency/ Medical Information

Emergency Contact Info	
Name:	
Phone #:	Alternate #:
Relationship to Participant:	
2 nd Contact	
Name:	
Phone #:	Alternate #:
Relationship to Participant:	

Is there any medical/health issue that we should know about while your child is within our care?
