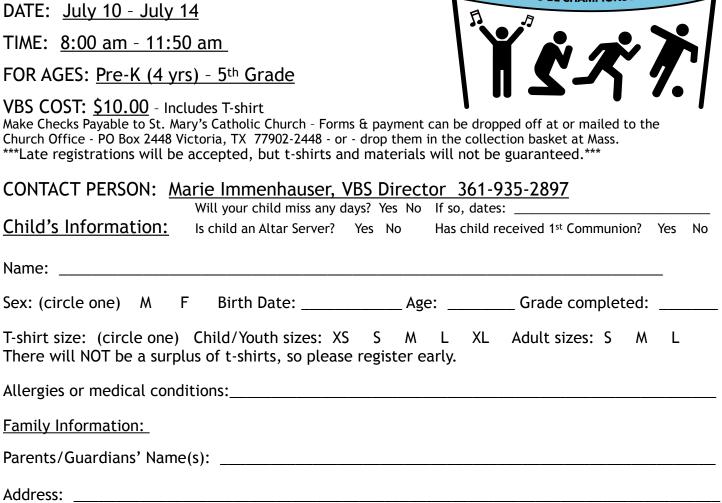
#### 2023 CHILD PARTICIPANT FORM

REGISTRATION DEADLINE: June 26th

PLACE: St. Mary's Catholic Church Activity Center



Family Information:				
Parents/Guardians' Name(s):				
Address:				
Street			City, State	Zip Code
Email:				
Phone Numbers:				
Hm:	Wk:	Cell:		
Emergency Contact:				
Name:		Phone:		

<u>Alternate Transportation:</u> (Provide information below for anyone else allowed to pick up your child):

\_\_\_\_\_ Driver's License #: \_\_\_\_\_
PLEASE PRINT SEPARATELY AND COMPLETE ALL PAGES OF THIS FORM.



# The Catholic Diocese of Victoria in Texas

#### YOUTH PERMISSION FORM/MEDICAL RELEASE

NAME			Gender	Grade
Address		Cit	ty	
St/Zip	Phone ()			T-Shirt Size:
Age Birthdate				
PARENT/LEGAL GUARDIAN'S NAI	ЛЕ			
Address (if different than above)				
Phone ()				
I request and give my consent for my church/school sponsored activities St. Mary's Catholic Church under the supervision of diocesan an activity to search my child's belongi guardian I agree to defend, indemnif its clergy, officers, agents, employees injuries, illness, disease (e.g. COVID-mentioned activity or during the transmedication (e.g. tylenol, throat lozer given to my son/daughter if deemed emergency, I also grant permission to an authorized adult sponsor to sign for	and/or by the Ed/or parish/school perings, bag, backpack, or and hold harmless to and volunteers from 19), and/or other damportation to and from ges, cough syrup, per advisable by the substransport my child to	viocese of Victoriance. I give or other containe Diocese of any claims, coages arising of the event. Septo-bismol, expervising dio the nearest h	toria. I understand my permission to to the iner as deemed in Victoria and St. Nosts or expenses for ut of my son/daught I grant permistic.) and routine no cesan and/or paris	that my son/daughter will be he personnel in charge of the ecessary. As parent or lega Mary's Catholic Church reproperty damages, personater's participation in the above sion for non-prescriptive nsurgical medical care to be the personnel. In case of all
Date		Parent	t's Signature	
My son/daughter is allergic to:				
My son/daughter takes the following		sage):		
This medication is for (medical condit	•			
Medication that my son/daughter is a				
Last immunization/booster for Diphth				
Any specific medical problems:				
Family Physician Name:				
Address				
Name of Insurance Company				
Address_				
City/St/Zip				
Name of Insured				
Group or Plan #				ive insurance at this time.
Contacts in case of emergency and				
-	_		Other Pher	20 (
Name				
My child may also be release My child has a valid driver's li I understand it is my responsi	cense and may drive	to and from ev	vents. (Please initia d Health Protocols	al line) Checklist appropriate to my



## The Catholic Diocese of Victoria in Texas

### Video/ Photo/ Media/ Audio Release

videos, photos, m included, now ex		ninor child	right to make, use, and/or publish any in which they may m/her) for editorial, advertising, new					
St. Mary's Cof the Church, en	I hereby release and agree to fully and unconditionally defend, indemnify, and hold harmless  St. Mary's Catholic Church (School/Parish/Diocesan Entity) and the Diocese of Victoria, its clergy, officers, Agents of the Church, employees and volunteers from any claims, costs or expenses for property damages, personal injuries, or other damages that may arise out of my minor child's participation.							
Entity activity.		e no financial or other remuner	to an approved School/Parish/Diocation for recording my minor child in					
	mission for my minor child to be in	*	_					
	Parent/ Guard							
	give permission for my minor child							
	Parent/ Guard	lian Signature	Date					
obtained. Parents mu COPIED AND INCI	rdian permission to communicate vists be notified of the methods of com	munication, which are used in IONS. These communications	ic communications with a minor must each particular ministry and MUST B will only be used for ministry purpose	Ε				
I hereby give p		be contacted through social n Signature	media or other electronic commu	unications.				
I hereby do NOT	Γ give permission for my minor ch	ild to be contacted through so	cial media or other electronic commu	unications.				
	Parent/ Guardia	an Signature	Date					
If permission	is granted, list preferred me	thod of contact for parer	t/legal guardian and minor c	hild:				
Choice	Mode of Communication	Guardian Contact Inform	ation Minor Child Contact Infor	mation				
	Text Messages							
	Email							
	Cell Phone							