

**HOLY CROSS RELIGIOUS EDUCATION
2008-09 CCD PROGRAM/2009 SUMMER CCD PROGRAM
ANNUAL CONSENT RELEASE**

**DIOCESE OF WILMINGTON
PARISH/INSTITUTION ANNUAL PARENTAL CONSENT AND RELEASE FORM**

PARISH/INSTITUTION Church of the Holy Cross

Personal Information

Name of Participant _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Parent Work Phone _____

Date of Birth _____ Age _____ School _____ Grade _____

Medical Information

Family Doctor _____ Phone _____

Insurance Info _____

(PROVIDER)

(POLICY #)

ACCT/ID #

Yes No Has the young person ever been seen by a heart specialist for a heart problem/condition?

Yes No Has the young person had a broken bone in the past six (6) months?

Yes No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?

Yes No Is the young person allergic to bee stings?

Yes No Does the young person have asthma?

If you answered "yes" to any of the above, it is the responsibility of the parent/guardian to check with parish/institutional representatives to ensure those items above checked "yes" will not endanger the young person.

Current medications _____

Medicinal allergies _____

Limitations _____

I hereby give my consent for the above named individual to participate in the above named parish/institution youth activities during the current program year. As parent/guardian, I understand that promotional pictures (individual and group) will be taken during some events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the events of this institution or events sponsored by the Diocese of Wilmington. I understand, however, that the above named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events. **I authorize** responsible personnel to obtain proper medical treatments should it become necessary. Excluding intentional, deliberately inflicted and illegally caused injuries, **I further agree**, in consideration of the above named parish's sponsorship of beneficial youth programs, to release the above named parish, the Catholic Diocese of Wilmington, and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities, or travel to and from any youth event. Providing, however, that recourse is reserved to seek damages, medical and hospital expenses, and court costs for any such accidental injuries to my child incurred during a scheduled event from any liability insurance carrier within the limits of its liability policy. **I affirm** that the information above is true and correct.

Signature of Parent/Guardian _____

Relationship to Participant _____ **Date** _____

Emergency Contact #1 _____ **Phone** _____

#2 _____ **Phone** _____

#3 _____ **Phone** _____