



### STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity ("Location"): Our Lady of the Assumption, Claremont

Place of Event/Trip: 2018 - 2019 School Year - Varsity, Junior Varsity or Mighty Mite Level

Activity: Field Trip  Retreat  Other (specify) After School Sports Purpose: Teamwork through athletics

Description of Activity: Varies by sport - practices and competition/games/tournaments/playoffs See Attached:

Mode of Transportation: Walk  Car Pool  Bus  Other (specify) Arranged by parents

Teacher/Adult Leader: AD Mr.Pacheco / CYO Certified Coach Attire: School Uniform

Minor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female  Grade \_\_\_\_\_

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity.  
My son/daughter has the following medical needs, allergies or dietary restrictions \_\_\_\_\_

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

**Release of Liability:** As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/ chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

Person to Notify in case of Emergency if Parent or Guardian is unavailable:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

To be filled in by Location

To be filled in by parent/guardian

Student and Youth Activity Permission Form: Attached

Registration Sport Fees for the 2018 - 2019 After School Sports are below.

Varsity Sports - \$90 per sport season

Junior Varsity Sports - \$75 per sport season

Cheer - \$225 (\$75 per trimester)

Track and Field - All students \$75 for season

Sports Fees include but are not limited to; CYO fees, coaches pay, team registrations, sport jerseys, yearly equipment, referee fees, tournaments/competitions, facility fees, etc.