



**STUDENT AND YOUTH ACTIVITY
PERMISSION FORM**

LOCATION: Pomona Catholic Middle School

Minor's Name: _____

Address: _____

Date of Birth: _____ Male _____ Female _____ Grade _____

Activity: Field Trip _____ Retreat _____ Other (specify) After School Sports

Date(s) of Activity: 2019-2020 School Year

Cost: \$75 per sport

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 Ms. Salas-Tapia/CYO Certified Coach Attire: School Athletic Uniform

I request that my son/daughter be permitted to participate in the above activity. My son/daughter has no medical condition that would render it inappropriate for him/her to participate in this activity. My son/daughter has no known medical needs, allergies or dietary restrictions except as follows: _____

Should it be necessary for my son/daughter to take medication while participating in this activity, I hereby give my son/daughter permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my son/daughter cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my son/daughter'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 son/daughter should it become necessary to do so. I agree to relieve the Location and participating adults from liability in connection with this request. I understand that the 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 son/daughter. I agree to indemnify and hold the Location harmless from the cost of any medical treatment and related expense and cost 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 son/daughter may suffer as a result of participation in the activity described above.

Parent/Guardian PRINT / SIGN 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.: _____