



Diocese of Salt Lake City
Office of Youth Ministry
27 C Street
SLC, UT 84103

CONSENT TO PARTICIPATE IN PARA

Dear Parent/Guardian:

Your child is eligible to participate in the Parish Athletic Recreation Association (PARA) for the school year 2010-2011 (including the following summer). The group will meet under the guidance and supervision of the staff of _____ School/Parish (the "Location") and in accordance with the policies of the Office of Youth and Young Adult Ministry of the Diocese of Salt Lake City (the "Diocese").

If you would like your child to participate in these events/activities, please review, complete, sign, and return this form (which includes Consent, Release of Liability, and Medical Matters) to your Athletic Director.

STATEMENT

CHILD'S INFORMATION:

Participant's name: _____ Birth date: _____ Sex: M / F
Home address: _____
City: _____ State: _____ Zip Code: _____
Home phone: _____ Other (optional): _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1: _____ Relationship to child: _____
Work Phone: _____ Cell Phone: _____
Parent/Guardian 2: _____ Relationship to child: _____
Work Phone: _____ Cell Phone: _____
Parent/Guardian's email (optional): _____

(To send information/updates for Location/diocesan events)

EMERGENCY CONTACTS: In the event of an emergency, if you are unable to reach a parent/guardian above, please contact the following person(s):

Name: _____ Relationship to Child: _____ Phone: _____
Child's Physician: _____ Phone: _____
Child's Dentist: _____ Phone: _____

INSURANCE INFORMATION:

Medical/Dental Insurance Company: _____ Policy Number: _____
Address: _____ Phone: _____

CONSENT: I hereby consent to participation by my child in the Youth Ministry Program. I hereby give my express and unqualified approval for my child's voice/verbal statements, written statements, portraits and/or video to appear in diocesan publicity, publications and/or public relations activities. The use of my child's voice/verbal statements, written statements, portraits and/or video may be used according to the sole discretion of the Diocese and is considered the property of the Diocese in perpetuity. No consideration, monetary or otherwise, shall be paid.

RELEASE OF LIABILITY: I hereby release and hold harmless the Diocese of Salt Lake City, the Location, and their employees, agents, representatives and volunteers from any and all liability and claims arising from any illness or injury to my child and for any loss of property arising during said child's participation.

SPECIFIC MEDICAL INFORMATION

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Details are enumerated below.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Date(s) of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? No Yes

Any physical limitations? No Yes

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed wetting, or fainting? No Yes

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, or N1H1? No Yes

If "Yes" has been marked for any of the above and/or the Location should be aware of this or any other medical conditions of my child, please explain in detail: _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Initial: _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the Location/Diocese, its officers, directors, agents, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, fever, diarrhea, or persistent sore throat, I understand I will be contacted for counsel on the proper steps and actions to take. Initial: _____

MEDICATIONS: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

(If your child **does not take** any prescription or non-prescription medication, please write N/A)

CODE OF CONDUCT

In signing below, you agree to the following. Youth who fail to live up to these expectations may be excluded from activities; or at the time of offense parents will be asked to retrieve their child at their own expense.

- ✓ No possession or use of alcohol, drugs, tobacco, or other illegal/objectionable material.
- ✓ No disruptive behavior, excessive noise, fireworks, lighters, explosives, or weapons of any kind.
- ✓ Dress appropriately and modestly for activities/events. Tasteless and revealing clothing are forbidden.
- ✓ Minors (under 18) may not drive to external event locations and may not drive vehicles during events.
- ✓ Respect the property of others and the facilities. If you break or damage something, you pay for it.
- ✓ Youth must remain with their adult chaperones/leaders and are expected to participate during the entire event/activity. Youth may not leave the conference/activity facilities without an adult leader.
- ✓ Report any accidents, incidents, injuries, or illnesses to an adult leader immediately.
- ✓ Respect the rules of the leaders, event, and facility; such as quiet hours, curfews, and cell phone use.
- ✓ Your behavior should reflect a credit to you, your parents, and the Catholic Diocese of Salt Lake City.

Youth Signature: _____ Date: _____

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information as well as the Diocese and the Location. Furthermore, in the event of any changes in the above information, I shall provide the same in writing to the Location and the Diocese.

Parent/Guardian Signature: _____ Date: _____

**2011-2012 SAINT FRANCIS XAVIER PARISH
GIRLS & BOYS
BASKETBALL REGISTRATION**

Name: _____

4th GIRLS _____ **5th GIRLS** _____ **6th GIRLS** _____ **7th GIRLS** _____ **8th GIRLS** _____
4th BOYS _____ **5th BOYS** _____ **6th BOYS** _____ **7th BOYS** _____ **8th BOYS** _____

Please note: the creation of teams (including coed) from any two consecutive divisions may be necessary if not enough players register from any one grade.

Parent/Guardian Name: _____
Home Telephone: _____ **Work Telephone:** _____
Shirt Size - Circle One: (Youth) S M L (Adult) S M L

REGISTRATION FEE of \$50.00 MUST ACCOMPANY THIS FORM. Make check payable to Saint Francis Xavier. Please hand in to your teacher, Mr. Condas or Mrs. Swim. If we have to cancel a team due to lack of players and/or coaches, there will be a FULL refund of the fee.

Participating in the Saint Francis Xavier parish sports program is both a privilege and a commitment. As a parent/participant, I will try my best to improve my own skills and encourage my teammates. I will show courtesy to coaches, teammates and the opposing team. Good sportsmanship will be displayed at all times.

Parent Signature

Participant Signature

All Forms and Fees are due at 8:20 am, Thursday, October 20, 2011. As there should be plenty of time for forms and fees to be submitted, late forms and fees WILL NOT BE ACCEPTED after 8:20 am, Wednesday, October 19. NO EXCEPTIONS!

If there are any questions, please email me at: kcondas@stfrancisxavierschool.org