

Parental/Guardian Consent Form/Liability Waiver

For Diocese of Norwich YOUTH EXPLOSION 2010

Participant's name _____	Birth date _____	Age: _____	Sex: _____
Participant's E-mail _____	Cell _____	t-shirt size _____	
Parent/Guardian name _____			
Street Address/City/State/Zip _____			
Phone (home) _____	(work) _____	(cell) _____	

I ask for and grant permission for my son/daughter _____ to attend and participate at the **Youth Explosion** at St. Bernard High School, Uncasville, CT on March 7, 2010. This activity will take place under the guidance and direction of employees and/or volunteers from the Roman Catholic DIOCESE OF NORWICH and _____
 _____ (Name of Parish).

<p>Youth Explosion, March 7, 2010 St. Bernard High School, Uncasville Registration opens at 12:30 p.m. Estimated time of conclusion is 8:00 p.m. Make checks to _____ (your Parish)</p> <p>YOUTH EXPLOSION - \$25 OPT. MUSICIAN'S WORKSHOP - \$15 OPT. T-SHIRT - \$10 INDICATE SIZE (S, M, L, XL) _____ TOTAL FEE ENCLOSED _____</p> <p>PERSON IN CHARGE FROM PARISH: _____</p>
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While youth are responsible for their own behavior, as parent and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my child has to be sent home. I agree on behalf of myself, my child named herein, our heirs, successors, and assigns to hold harmless and defend the Roman Catholic Diocese of Norwich, and parish named above, and their officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my child attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith. I agree to compensate the above entities for reasonable attorney fees and expenses arising in connection therewith.

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. In the event of an emergency and I cannot be reached, I hereby give permission to transport my child to a hospital or medical facility and to seek medical attention. **In signing below WE understand that the Youth Explosion wrist band is a revocable, non-transferable credential and must be clearly displayed at all times. It entitles the named bearer to enter only those Youth Explosion events/sites and areas therein as appropriate.**

Presence in unauthorized areas will serve as grounds for suspension or termination of access privileges. By use hereof, the bearer voluntarily assumes all risks and dangers incidental to the events and activities for which this credential is issued, whether occurring prior to, during or after same, and agrees that the Diocese of Norwich and its agents, staff and volunteers are not responsible or liable for injuries or damage suffered by the bearer resulting from or arising out of such activities; and consents to a reasonable search of carry-in items and/or his or her person for security reasons, if deemed necessary by the **Youth Explosion** Staff or law enforcement agencies. Failure to comply with the above conditions may result in non-admission and/or confiscation hereof.

Emergency contact person: Name _____ relationship _____ phone _____
Doctor: Name _____ (phone) _____
Insurance: Company _____ Employer _____ Group # _____
Subscriber name _____ Subscriber # _____
Date of last tetanus shot: _____ Allergies: (medication, foods, etc) _____
Medications currently taking that may affect treatment: (name/dosage) _____
You should also be aware of these special medical /physical/ mental conditions of my child: special diet (I agree that the Youth Explosion cannot be responsible for any special dietary needs that my child may have), nose bleeds, recent injuries, exposure to contagious diseases, etc.):

Parent/Guardian Signature _____ Date _____

Youth Participant Signature _____ Date _____