

**PARENT/GUARDIAN RELEASE AND CONSENT FORM**

**Archdiocese of New York Kickball Tournament  
St. Joseph's Seminary  
201 Seminary Ave, Yonkers, NY 10704  
Saturday, June 13, 2015**

**The Parish Chaperone should have this form for the duration of the event.**

Name of Youth: \_\_\_\_\_ Age: \_\_\_\_\_

Parish: \_\_\_\_\_ Town/City: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, request permission for my son/daughter, \_\_\_\_\_, to attend the Archdiocese of New York Kickball Tournament on Saturday, June 13, 2015 at St. Joseph's Seminary.

In case of medical emergency, I understand that every reasonable effort will be made to contact the parent(s) or guardian(s) of my child. In the event that I cannot be reached, I give permission for my daughter/son to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. In addition, I give permission for the release of medical records to an attending physician in case of illness. I relieve the Archdiocese of New York, the New York Catholic Youth Day Staff, and the parish leaders, of all responsibility relating to such treatment.

I hereby release the Archdiocese of New York, the Archdiocese of New York Kickball Tournament and their agents, servants, and employees from any and all liabilities for personal injury or property loss or damage incident to, at, or returning from this event and any aforementioned medical care and treatment which is provided.

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Cell: \_\_\_\_\_

In the event that I cannot be reached, please contact:

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical condition of which we should be made aware:

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Youth Participant \_\_\_\_\_ Date \_\_\_\_\_