

# Saint Joseph Catholic High School Summer Camps and Activities

## YOUTH CAMPER - CONSENT TO PARTICIPATE

Dear Parent/Guardian:

Your child is eligible to participate in Saint Joseph Catholic High School Summer Camps 2011. The group will meet under the guidance and supervision of the staff and volunteers of the Office of Athletics, and St. Joseph Catholic High School staff and in accordance with the policies of Saint Joseph Catholic High School of the Diocese of Salt Lake City (the "Diocese"). If you would like your child to participate, please review, complete, sign, and return this form. Separate forms must be fully completed and signed for each child.

### **STATEMENT**

#### **CHILD'S INFORMATION:**

Participant's name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: M / F  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home phone: \_\_\_\_\_

#### **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: \_\_\_\_\_

**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: \_\_\_\_\_

#### **INSURANCE INFORMATION:**

Medical/Dental Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONSENT:** I hereby consent to participation by my child in Saint Joseph Catholic High School Summer Camps and Activities. 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 or School 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, Saint Joseph Catholic High School, 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.):

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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 School should be aware of this or any other medical conditions of my child, please explain in detail:

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**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: \_\_\_\_\_

**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.
- \* Respect the property of others and the facilities. If you break or damage something, you pay for it.
- \* Youth must remain with their adult coaches/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.
- \* Your behavior should reflect a credit to you, and your parents.

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 School. Furthermore, in the event of any changes in the above information, I shall provide the same in writing to the School and the Diocese.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_