



PARENTAL AUTHORIZATION FORM for High School Co-ed **BASKETBALL & PIZZA**



Participant Name _____ Grade _____ Sex _____

Parent/Guardian Names _____

Home Address _____ City: _____ State: _____ ZIP: _____

Home Phone _____ Work/Cell Phone _____ Participant's Email: _____

Type of Event: Basketball Game & Pizza **Location:** Immaculate Conception Parish – *meet at St. Tim's; transportation with chaperones*
Date: Saturday, February 20, 2010 , 6:30 to 9:30 pm

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, and you are unable to reach me at the above numbers,

contact: _____
Name Phone Number Relationship

HEALTH INFORMATION:
Medication my child is taking at present _____ Allergies (drug, food, or other) _____

Other Medical Conditions _____ Family Doctor _____ Phone Number _____

Insurance Company _____ Family Health Plan carrier number _____

I, _____, GIVE PERMISSION FOR _____
Parent or Guardian Name Child Name

TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT.

I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Church of St. Timothy from any claims or law suits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school in defense of such a claim/suit.

I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense.

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by Church of St. Timothy while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

Parent/Guardian Signature _____ Date _____

CODE OF CONDUCT

All participants are considered representatives of the Church of St. Timothy. As such, participants are expected to – and agree to – abide by the following rules for this **basketball and pizza event** with youth of Immaculate Conception Parish on **Saturday, February 20, 2010, 6:30-9:30 pm** (includes transportation from Church of St. Timothy to Immaculate Conception Parish and back)

Please read and sign.

I, _____, **WILL:**
Printed Name of Youth Participant

- Treat all other persons with respect, causing no intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities property.
- Follow all appropriate instructions from all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Arrive on time for all check-ins and depart promptly after the event.
- Abstain from possessing or using tobacco, alcohol or any controlled illegal substance during the event and immediately prior to the event.

I agree that if any of these terms are violated, the Parish can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return to: the Parish Office by Wednesday, February 17, 2010