

**Cove Crest Squad Retreat - Parental / Guardian Consent Form and Liability Wavier
Catholic Archdiocese of Atlanta – St. Matthew**

Family Last Name: _____

Mailing Address _____

Home # _____ **E-mail** _____

Father's Name _____ **Work #** _____ **Cell #** _____

Mother's Name _____ **Work #** _____ **Cell #** _____

Child's Full Name	Male/ Female	T-Shirt Size	Age	Date of Birth	Special Needs (medical history, allergies, medications, etc.)

Insurance Company: _____ **Group #:** _____

Policy Number: _____ **Insurance Phone:** _____

Place of employment providing Insurance: _____

This activity will take place at an offsite location under the guidance and direction of offsite staff, parish employees and / or volunteers from the parish. I (Parent/Guardian above), grant permission for my child, (Participants listed above), to participate in this parish event. A brief description of the activity follows:

Type of Event: **Squad Retreat**
Date & Time: **September 28-30, 2018**
Transportation: **Meet at covecrest**

Individual in Charge: **Lanchus Sexius**
Location of Event: **Camp Covecrest-**
Cost: **\$80**

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend **the parish listed above, the hosting parish**, their officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith. I also agree that my child will be in the care of a legal adult guardian during this event at all times. I/We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship. Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital.

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Emergency contact _____ Relationship: _____ Phone # _____

**Dates to turn in this form and payment: Aug. 15th - First half of payment and registration due
Sept. 15th - final payment and registration due**

Signature of Parent / Guardian _____ **Date** _____

Payment \$ _____ **Date** _____ **Cash or Check #** _____ **Receipt #** _____