

Diocese of Columbus

DIOCESAN RECREATION ASSOCIATION

197 East Gay Street

Columbus, Ohio 43215

PARENT CONSENT FORM

PARISH: _____

CHECK ONE:

All Boys Sports

All Girls Sports

Boy's Soccer

Boy's Volleyball

Boy's Basketball

Girl's Softball

Boy's Track

Girl's Soccer

Girl's Volleyball

Girl's Basketball

Boy's Baseball

Girl's Track

Boy's Football

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

ADDRESS: _____ ZIP CODE: _____ TELEPHONE: _____

SCHOOL: _____ GRADE: _____ AGE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ (CITY & STATE)

PARENT'S EMAIL ADDRESS: _____

PLEASE CHECK ONE: **NO RESTRICTIONS**

RESTRICTIONS (List below)

List on any physical handicaps which would prohibit this participant from taking part to the full extent of the activity listed above.

Release - Please Read Carefully

I/We the parent(s) or legal guardian of the above named applicant who has applied for participation in the athletic activities of the Diocesan Recreation Association for the Diocese of Columbus, hereby give my/our consent and approval to his/her participation in any and all activities of the Diocesan Recreation Association and its affiliates for the activity specified. I/we assume all risks and hazards incident to the conduct of such activities including any transportation, and for any consideration of the educational instruction he/she will receive in connection therewith. I/we hereby agree to release and absolve, indemnify, and hold harmless, and do by this instrument release, absolve, indemnify and hold harmless, the Diocesan Recreation Association and its affiliates, the Diocese of Columbus, and any and all of the Catholic Churches and Parishes and any and all supervisors, organizers, coaches, sponsors, and officials of and from any and all liability for any injury to my/our aforementioned child. We waive all claims of any kind against any and all of the organizations or persons hereinabove enumerated, including any and all claims against any person or persons transporting my/our child to or from any such activities hereinabove names. I/we the undersigned hereby declare that I/we have insurance protection covering injuries that may occur (including contact sports) in these activities during the ensuing season. I/we further certify that all information contained in this form is correct.

TO GIVE CONSENT ELECTRONICALLY PLEASE CHECK THE BOX:

My son/daughter has my approval to participate in the athletic activity/activities checked above.

I have read and agree to the above release

OR

(MUST BE SIGNED BY PARENT(S) OR LEGAL GUARDIAN(S))

PARENT or GUARDIAN SIGNATURE: _____

Date: _____

PASTOR SIGNATURE: _____