



**DIOCESE OF ORANGE  
SPORTS AND YOUTH ACTIVITY PERMISSION FORM AND RELEASE**

**YOUTH ACTIVITY:** \_\_\_\_\_  
(Describe in detail; include transportation)

**STUDENT'S NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**PARENT/GUARDIAN NAMES:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** (\_\_\_\_) \_\_\_\_\_ **WORK PHONE:** (\_\_\_\_) \_\_\_\_\_

**PERSON (S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:**

**NAME:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_

I, parent(s) (guardian) of the above named student, hereby give my permission for his/her participation in the youth and sports activities, including transportation to and from these activities. I agree to direct my child to cooperate and conform to the directions of the school. I agree that in the event my child is injured as a result of his/her participation in the activity, whether or not caused by the negligence (active or passive) of the parish/school or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse, and I agree to hold the Diocese of Orange, its related entities, employees and agents, volunteers, free and harmless from all liability or claims which may arise out of participation in this sports or other activity. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity. I understand that participation in the sports and activities are completely voluntary and not required for class credit.

I understand that injuries may result from participating in the sports and other activities and the injuries which may result may include without limitation; sprains, fractured bones, cuts and abrasions, unconsciousness, head, neck or back injury or paralysis.

I hereby give permission to the physician or dentist selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist and to consent to any medical or surgical or dental exam or diagnosis and hospital care and treatment to be rendered.

I hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of any sports activity and my participation therein, and the publication or other use thereof, without compensation.

**PARENT/GUARDIAN SIGNATURE: (S)** \_\_\_\_\_ **DATE:** \_\_\_\_\_



Member School

**SANTA MARGARITA CATHOLIC HIGH SCHOOL**  
22062 Antonio Parkway, Rancho Santa Margarita, California 92688  
(949) 766-6000 [www.smhs.org](http://www.smhs.org) FAX: (949) 766-6005

