

EVENT - YOUTH AUTHORIZATION

Diocese of Fresno and all Entities of the Diocese of Fresno: Permission for a minor to Participate in a DOF Activity, Release of Liability, and Consent for Emergency Medical Treatment

Parent/Guardian: In order for your child to attend and/or participate in this specific event, activity or sport listed on this form, you must give your signed permission by completing this form. In addition to this form, you must also have on file at your Parish the PR22 Youth Annual Event Authorization.

NAME OF SCHOOL/PARISH: GMHS **NAME OF GROUP:** GMHS CHEERLEADING
NAME OF EVENT: GMHS LITTLE RAMS CHEER **NAME OF SCHOOL/PARISH:** GMHS
DATE OF EVENT: 9/14, 9/21, 9/23 2022

My child is physically fit and capable of participating in this activity and/or event. I have informed my child to follow the rules, guidelines and instructions of the DOF Entity and it's personnel, as well as the adult leadership of this activity. And that unforeseen occurrences can arise.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which my child (and our successors, heirs and assigns) may have against DOF. I release and discharge DOF from all liability responsibility for death, illness, personal injury or property damage arising out of this activity.

This permission, waiver, release and consent applies to the named DOF entity, including but not limited to the parish; the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes or schools; affiliated organizations and officers; clergy; agents; and employees.

PARTICIPANT AND PARENT/GUARDIAN AUTHORIZATION

As the parent and/or legal guardian of the named child, I give my permission and consent and agree to all of the foregoing. In the event of an emergency, and if the DOF entity is unable to contact me, I authorize the DOF personnel or other adult leadership of this event or activity, at my expense, to secure and consent to x-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. A copy or digital image of this form shall be valid as the original and may be given to the adult leader of the activity.

PRINT NAME(S) OF PARTICIPANT(S): _____

AGE(S) _____ **SCHOOL** _____ **GRADE(S)** _____

T-SHIRT SIZE (PLEASE CIRCLE): YXS YS YM YL YXL AS AM AL

IS THERE A CURRENT GMHS CHEERLEADER YOU WOULD LIKE TO PAIR WITH (PLEASE CIRCLE)?

NO, PLEASE SELCT FOR ME **YES, NAME OF CURRENT**

CHEERLEADER: _____

PRINT NAME OF PARENT/GUARDIAN: _____ **PARENT/GUARDIAN CELL NUMBER:**

() _____

SIGNATURE OF PARENT/GUARDIAN: _____

MEDICAL INFORMATION

DOCTOR'S NAME/MEDICAL GROUP: _____ **DOCTOR'S TELEPHONE:** () _____

INSURANCE COMPANY: _____ **INSURANCE POLICY NUMBER:** _____

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Space is LIMITED to make it a fun event for the Cheerleaders and the Little Cheerleaders, as well as, for ordering event product. A spot will be held for you once you turn in the paperwork *and* payment of \$60 to Garces Business Office. NO REQUESTS WILL BE HONORED AFTER SPOTS HAVE BEEN FILLED AND/OR PAST SEPTEMBER, 16TH 2022. Thank you for your understanding.

Go Rams!

Questions? Email us at garcescheer1947@gmail.com