

**St. Lawrence Catholic Church  
Parent/Guardian Consent Form & Liability Waiver**

**NAME** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Grade in Fall 2019** \_\_\_\_\_

**T-Shirt Size** \_\_\_\_\_

**I assume that with any activity there are risks and I release St. Lawrence Catholic Church, the Youth Ministry staff and volunteers from any liability arising out of any injury or accident which may be sustained by the above named participant. Furthermore, I understand that in the event of a medical emergency, attempts will be made to contact me, and if said attempts are not immediately successful, that the supervisors of the activity may refer the above named participant to a licensed medical practitioner and/or clinic, and I hereby give my consent that such physician, hospital or clinic may treat the said participant in response to the medical emergency.**

**Name of Parents** \_\_\_\_\_

**Phone (Home)** \_\_\_\_\_

**(Cell)** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Health Plan Carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Current Medications & Instructions** \_\_\_\_\_

**Allergies** \_\_\_\_\_