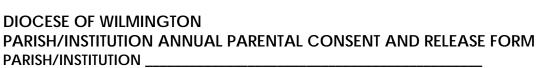
## FORM A: ANNUAL CONSENT AND RELEASE



	(to be typed	or written on master co	opy)
Personal Information			
Name of Participant			
Address		<b>,</b>	
City		State:	Zip:
Home Phone		Work Pho	ne (Parent):
Date of Birth	Age:	School:	Grade:
Parent E-Mail		@	·
Medical Information			
Family Doctor		Phone:	
Insurance Info Providence	der:	Policy #	Acct./ID#
	ne young person ever bem/condition?	peen seen by a he	eart specialist for a heart
* ☐ Yes ☐ No Hast	ne young person had a		•
* Us the young person currently taking prescribed medication(s) that could			
* Yes No Is the player allergic to bee stings?			
* Yes No Does the player have asthma?			
			arent/guardian to check with
parish/institutional represent	ta <u>tives to ensure those iter</u>		ot endanger the young person.
Current Medications:			
Medicinal Allergies:			
Limitations:			
If necessary for my child, the medications to my child (pleadministered):			
auriiristereu):			
parish/institution youth actipromotional pictures (indivison's/daughter's picture to point, etc.) in highlighting the understand, however, that or film taken by media or probtain proper medical trea and illegally caused injuries beneficial youth programs, all of their employees, direaccidental injuries suffered any youth event. Providing expenses, and court costs if	vities during the current produal and group) will be be used for promotional ne events of this institution the above named parish, ivate vendors that may be the the above that may be the above to release the above nate of the product of the produ	program year. As pertaken during some I materials (newsleth or events sponsore Vinstitution has no cele covering events. In necessary. Excluding deration of the about the ministers and verticipation in athlesis reserved to seelinguries to my child in	articipate in the above named arent/guardian, I understand that events. I give permission for my ter, web page, calendars, power ed by the Diocese of Wilmington. I ontrol over the use of photograph authorize responsible personnel to a intentional, deliberately-inflicted ove named parish's sponsorship of tholic Diocese of Wilmington, and olunteers from all legal liability for etic activities, or travel to and from a damages, medical and hospital neurred during a scheduled event affirm that the information above is
Signature of Parent/Gu	ardian:		
Relationship to Particip	ant:	Date:	