



**Dodge Ball Consent Form**  
**Our Lady of Sorrows and St. Joseph's 7<sup>th</sup> and 8<sup>th</sup> Grade Youth Ministry**  
**St. Joseph's High School Youth Group**



Participant's name \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Parish: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street Address/City/State/Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

I hereby give permission for my teen \_\_\_\_\_ to participate in Parent-Teen Dodge Ball at the Westbrook YMCA on February 5<sup>th</sup>. I am aware that I must transport and pick up my son from this event.

While youth are responsible for their own behavior, as parent and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my child has to be sent home. I agree on behalf of myself, my child named herein, our heirs, successors, and assigns to hold harmless and defend the Roman Catholic Diocese of Norwich, St. Joseph's Parish and Our Lady of Sorrows Parish, and their officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my child attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith. I agree to compensate the above entities for reasonable attorney fees and expenses arising in connection therewith.

I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. In the event of an emergency and I cannot be reached, I hereby give permission to transport my child to a hospital or medical facility and to seek medical attention. By participation in TGC Youth Group events, the participants voluntarily assumes all risks and dangers incidental to the events and activities for which they participate, whether occurring prior to, during or after same, and agrees that the Diocese of Norwich, St. Joseph Parish, Our Lady of Sorrows parish and its agents, staff and volunteers are not responsible or liable for injuries or damage suffered by the bearer resulting from or arising out of such activities; and consents to a reasonable search of carry-in items and/or his or her person for security reasons, if deemed necessary by the TGC Youth Group Chaperons or law enforcement agencies. Failure to comply with the above conditions may result in non-admission to TGC Youth Group events.

**Check here if medical information is same as on the youth group registration form.**

Emergency contact person: Name \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

Doctor: Name \_\_\_\_\_ (phone) \_\_\_\_\_

Insurance: Company \_\_\_\_\_ Employer \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber name \_\_\_\_\_ Subscriber # \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Allergies: (medication, foods, etc) \_\_\_\_\_

Medications currently taking that may affect treatment: (name/dosage) \_\_\_\_\_

You should also be aware of these special medical /physical/ mental conditions of my child: special diet (I agree that the TGC cannot be responsible for any special dietary needs that my child may have), nose bleeds, recent injuries, exposure to contagious diseases, etc.): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Youth Participant Signature \_\_\_\_\_ Date \_\_\_\_\_