



**ST. JOHN'S SPORTS PARENTAL AUTHORIZATION**

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES OR OTHER KNOWN DISEASES, DISORDERS OR  
DISABILITIES \_\_\_\_\_

(FOR PARENTS) I give my permission for my child to take part in \_\_\_\_\_

\_\_\_\_\_. In consideration of the opportunities

For my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Archdiocese of St. Paul and Minneapolis/St. John the Baptist School, its agents, employees and officers, and the chaperones, leaders, organizers and sponsors, and persons transporting our child to and/or from these activities. Neither the Archdiocese of St. Paul and Minneapolis/St. John the Baptist School, nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity.

We, the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance

There is no medical insurance provided by the parish or the Archdiocese.

In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered.

PARENT SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_