

Diocese of Columbus
DIOCESAN RECREATION ASSOCIATION
197 East Gay Street
Columbus, Ohio 43215

PARENT CONSENT FORM

PARISH: _____

CIRCLE ONE:

All Boy's Sports	Boy's Football	Boy's Volleyball	Boy's Basketball
All Girl's Sports		Girl's Volleyball	Girl's Basketball
	Boy's Soccer	Boy's Baseball	Boy's Track
	Girl's Soccer	Girl's Softball	Girl's Track

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____ ZIP CODE: _____ TELEPHONE: _____

SCHOOL: _____ GRADE: _____ AGE: _____

DATE OF BIRTH: _____ MONTH _____ DAY _____ YEAR – PLACE OF BIRTH: _____ (CITY) _____ (STATE)

PARENT'S EMAIL ADDRESS: _____

PLEASE CHECK ONE: **NO RESTRICTIONS** **RESTRICTIONS LISTED ON BACK**

List on the reverse side of this form any physical handicaps which would prohibit this participant from taking part to the full extent of the activity listed above.

I/We the parent(s) or legal guardian of the above named applicant who has applied for participation in the athletic activities of the Diocesan Recreation Association for the Diocese of Columbus, hereby give my/our consent and approval to his/her participation in any and all activities of the Diocesan Recreation Association and its affiliates for the activity specified. I/we assume all risks and hazards incident to the conduct of such activities including any transportation, and for any consideration of the educational instruction he/she will receive in connection therewith. I/we hereby agree to release and absolve, indemnify, and hold harmless, and do by this instrument release, absolve, indemnify and hold harmless, the Diocesan Recreation Association and its affiliates, the Diocese of Columbus, and any and all of the Catholic Churches and Parishes and any and all supervisors, organizers, coaches, sponsors, and officials of and from any and all liability for any injury to my/our aforementioned child. We waive all claims of any kind against any and all of the organizations or persons hereinabove enumerated, including any and all claims against any person or persons transporting my/our child to or from any such activities hereinabove names. I/we the undersigned hereby declare that I/we have insurance protection covering injuries that may occur (including contact sports) in these activities during the ensuring season. I/we further certify that all information contained in this form is correct.

(MUST BE SIGNED BY PARENT(S) OR LEGAL GUARDIAN(S))

STUDENT ATHLETE SIGNATURE: _____ DATE: _____

PARENT or GUARDIAN SIGNATURE: _____

PASTOR'S SIGNATURE: _____