

St. Augustine Catholic School Sports Program Parent/Guardian Consent Form and Liability Waiver

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____ grant permission for my child _____
Parent/guardian's name Child's name

to participate in this school event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers. A brief description of the activity follows:

Type of event: GHCCA GAMES AND PRACTICES

Games and Practices concerning the following sports: Volleyball, Soccer, Basketball, Baseball, Softball

Destination of event: LEAGUE SCHOOLS

Individual in charge: TBA (Coach for specific sport)

Estimated time of departure and return: 3:30 pm - 6:30 pm (DEPARTURE TIME DEPENDS ON GAME LOCATION)

Mode of transportation to and from event: PARENT DRIVERS

As parent and/or legal guardian; I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend **St. Augustine Catholic School** its employees, officers, directors and agents, and the **Archdiocese of Galveston-Houston**, chaperons or representatives associated with the event, arising from or In connection with my child attending the event or In connection with any Illness or Injury or cost of medical treatment in connection therewith and I agree to compensate the parish, its officers, directors and agents, and the **Archdiocese of Galveston-Houston**, chaperons, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____