



2021 Archdiocese of Washington High School Dodgeball Tournament

RELEASE AND CONSENT FORM (Minors 18 and under)

RELEASE AND CONSENT FORM

I, _____ the undersigned, give permission for my son/daughter _____ to attend the High School Dodgeball Tournament on May 16, 2021, at St. Patrick Catholic Church/School in Rockville, MD. It is understood that reasonable caution will be taken by those persons in charge to prevent injuries. In consideration of my child's being permitted to participate in the High School Dodgeball Tournament, I personally and on behalf of my child, hereby release The Archdiocese of Washington; Wilton Gregory, Roman Catholic Archbishop of Washington; a Corporation Sole: the Catholic Youth Organization of Washington, DC and Metropolitan Area, Inc; the Office of Youth Ministry; their employees; volunteers, the coordinators and chaperones of _____ parish/organization; from any liability for injuries or damages arising or resulting from participation in the dodgeball tournament, in and/or transportation to and there from. In the event that I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. Permission is hereby granted to the Archdiocese of Washington to use the photographs and quotations of my son/daughter to assist in community awareness, educational efforts, related public relations purposed that may include brochures, posters, website and print media from the Archdiocese of Washington. My child agrees to abide by all rules and regulations as outlined in the Youth Code of Behavior. I understand that the Office of Youth Ministry and the Archdiocese of Washington will not be held liable if my child fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the Dodgeball Tournament.

Parent or Legal Guardian Signature

Date

Contact
Phone Number: _____

Alternate
Phone Number: _____

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YOUTH CODE OF BEHAVIOR

The following guidelines will ensure a fun and safe experience for all of us:

1. The possession of alcohol and illegal drugs is clearly prohibited and is cause for dismissal.
2. The Parish/Organization is responsible for the overall actions of the participants.
3. All participants, adults and youth, will be held to the highest Christian standards of morality.

In the event that a behavior problem required disciplinary action, Archdiocese of Washington Adult chaperones or designee, along with the individual's chaperone, will address the situation and make the necessary decision.

As a member of the _____ parish, I understand and agree to the Youth Code of Behavior. I also understand and agree that my parents or legal guardian will be notified at the time of any infractions requiring my dismissal from the event and that I will be sent home at my own and or parent's/guardian's expense.

Youth Signature

Date

PARTICIPANT EMERGENCY INFORMATION FORM

(Minors 18 and under)

Participant First Name:	
Participant Middle Initial:	
Participant Last Name:	
Nickname/Name for Nametag:	
T-shirt Size (Adult sizes):	
Participant Gender:	
Parent/Guardian#1 Full Name:	
Parent/Guardian #2 Full Name:	
Participant Home Address Street:	
Participant Home Address City, State, Zip:	
Participant Home Phone Number:	
Participant E-Mail Address:	

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Parent /Guardian E-Mail Address:	
Parent/Guardian Cell Phone Number:	
Parent/ Guardian #1 Work Phone:	
Parent /Guardian #2 Work Phone:	
Emergency, contact (Other than parent):	
Emergency Contact Phone:	

MEDICAL INFORMATION

My child is allergic to (medication/food/other):

My child must take the following medications and will be bringing enough medication for

_____.

(Indicate medication, dosage, frequency, etc. Medication must be given to your parish adult chaperone to hold/administer):

You should be aware of these special medical conditions of needs of my child:
(Dietary, medical, mental health, walking assistance, other conditions)

In the event that it comes to the attention of the ADW staff, its officers and agents or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever etc. I would like to be notified immediately:

- YES**
- NO**

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Please check the box if you would like no medication of any type (prescription or non-prescription) administered to your child unless the situation is life threatening and emergency treatment is required.

CHECK HERE IF YOU WOULD LIKE THIS FOLLOWED.

Please provide the following information about insurance:

Insurance Name:	
Policy Holder:	
Policy #:	
Group #:	
Date of last Tetanus Booster:	
In case of emergency notify:	
Relationship to Youth:	
Daytime Phone:	
Evening Phone:	

Parent/Guardian Signature

Date

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