



**LIABILITY/MEDICAL RELEASE FORM – YOUTH PARTICIPANT – DIOCESAN CHOIR FOR YOUTH**  
**SECTION ONE: PARENT/GUARDIAN REQUEST AND MEDICAL CONSENT**

**Singer Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

The undersigned do hereby request and consent that my child \_\_\_\_\_  
attend all C4Y rehearsals, Masses, performances, concerts, dress rehearsals in 2018- 2019.  
If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated and/or given medication in  
accordance with standard medical practice by licensed medical personnel.

I authorize an adult, in whose care the minor has been entrusted, to render supervision and to provide consent to any X-ray  
examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor  
under the general or special supervision and on the advice of any physician, dentist or emergency medical technician license  
under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or treatment center whether such  
diagnosis or treatment is rendered at the office of said physician or said hospital or retreatment center.

The undersigned shall be liable and agree to pay all costs and expense incurred in connection with such medical and dental  
services rendered to the aforementioned child pursuant to the is request and authorization.

**Medical Insurance:**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Physician's phone: \_\_\_\_\_

**Please list the following, if applicable:**

Allergies \_\_\_\_\_

Specific concerns \_\_\_\_\_

Medication your child is taking \_\_\_\_\_

**Parent / Guardian signature** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SECTION TWO: PARENT/GUARDIAN REQUEST AND RELEASE OF ALL CLAIMS**

In consideration for being accepted by Diocese of Bridgeport for attendance at and participation in the above-listed activity and associated activities, on behalf of my child participant (if under the age of 21), I, \_\_\_\_\_, *(Parent Name)*

hereby assume all risk of personal injury, sickness, death, damage, expense as a result of participation in all activities involved therein.

The undersigned further hereby agree to hold harmless, and indemnify the Diocese of Bridgeport, its directors, employees, agents and adult volunteers, for any liability sustained as a result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

I, thereby request participation and grant permission for above-mentioned child to participate fully in said activity, and hereby give my permission to accompanying chaperones to supervise, care, and discipline my child.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, I assume all transportation costs. I assume all liabilities for any personal injury, damage and expense incurred as a result of riding in or driving any vehicle to and from said activity.

Print name of Singer: \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell phone #: (\_\_\_\_) \_\_\_\_\_

Father's name \_\_\_\_\_ Cell phone #: (\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Parent / Guardian signature** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION THREE: PARTICIPANT ONLY**

I have read the foregoing and itinerary addendums or attachments, if applicable, and understand the rules of conduct and will abide by them, as well as the directions of the leadership of the activity. I understand that my participation in said activity can be ended at any time at the discretion of activity leaders.

**Singer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please bring this form with you on the first date that you come in.