

**Please fill out this general permission slip to be kept on file indicating your willingness for your teen to participate in CYO activities for the 2021--2022 year. Each off campus event will also have an event specific waiver.**

**ARCHDIOCESE OF NEW ORLEANS  
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

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Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone : \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of employees and/or volunteers from St. Angela Merici Parish. A brief description of the activity follows:

Type of event: CYO General Meetings, Officer Meetings, Field Trips, Retreat, Service Projects

Location(s): Will be specified per off-campus event

Individual in charge: Diane Kratochvil

Duration of activity: June 1, 2021-June 30, 2022

Mode of transportation to and from event: Self to most events unless otherwise specified per off-campus event.

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

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend St. Angela Merici Parish/School and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives associated with the event arising from or in connection with the negligence and/or intentional acts of my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out this general permission slip to be kept on file indicating your willingness for your teen to participate in CYO athletic activities for the 2021-2022 year. Co-Ed Cabbage Ball, and Co-Ed Volleyball involve home games as well as traveling to other parish facilities. **You are responsible for your teen's transportation.**

**ARCHDIOCESE OF NEW ORLEANS  
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

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Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of employees and/or volunteers from St. Angela Merici Parish. A brief description of the activity follows:

Type of event: CYO Athletics, Cabbage Ball, Volleyball,

Location(s): Various Parishes throughout the Archdiocese of New Orleans

Individual in charge: Diane Kratochvil

Duration of activity: June 1, 2021-June 30, 2022, each season lasting about 6 weeks

Mode of transportation to and from event: Self (Coaches are not responsible for transportation)

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

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend St. Angela Merici Parish/School and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives associated with the event arising from or in connection with the negligence and/or intentional acts of my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

