

# St. Agnes CYO/JCYO

## Member Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Birthday \_\_\_\_\_

E-mail \_\_\_\_\_ Text \_\_\_\_\_

## Emergency Information

*(to be completed by Parent or Guardian)*

Parent or Guardian \_\_\_\_\_

Parent Phone \_\_\_\_\_ Parent Cell \_\_\_\_\_

Parent E-mail \_\_\_\_\_

2nd Emergency Contact \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Phone \_\_\_\_\_ Cell \_\_\_\_\_

3<sup>rd</sup> Emergency Contact \_\_\_\_\_

3<sup>rd</sup> Emergency Contact Phone \_\_\_\_\_ Cell \_\_\_\_\_

Please list any allergies or important medical information:

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# Parental Consent

My son/daughter, \_\_\_\_\_

(Please initial the following to acknowledge and/or give consent)

\_\_\_\_\_ 1) has my consent to attend St. Agnes CYO and/or JCYO events including but not limited to Field Trips, Rec Nights, Parties, Fund Raisers, and Retreats.

\_\_\_\_\_ 2) I am aware that transportation to and from all events are not considered part of the events and that transportation to and from events are my responsibility.

\_\_\_\_\_ 3) If there is an emergency regarding my child, I give my consent for my child to be cared for and/or transported to the nearest hospital for emergency medical or surgical treatment. In the event of an emergency please contact:

Name and Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Other Instructions if applicable \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 4) As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my son/daughter, \_\_\_\_\_

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Agnes Parish, it's officers, directors and agents, and the Archdiocese of New Orleans, coaches, chaperons, or representatives associated with CYO and/or JCYO events, arising from or in connection with my child attending CYO or JCYO events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, it's officers, directors and agents, and the Archdiocese of New Orleans, coaches, chaperons, or representatives associated with the activity for reasonable attorney's fees and expense arising in connection therewith.

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

Print Signature Name \_\_\_\_\_

## Photograph and Internet Policy

In regard to photographs, while we have no control over photographs taken by other people or *members* of St. Agnes CYO or JCYO, it is the policy of St. Agnes CYO and JCYO to only photograph *members* as part of a group and that no *member* shall ever be photographed individually by any adult affiliate and that such group photographs placed on the internet will be placed so as to promote the good of the organization. Any illegal or distasteful use of photographs, by *members* or adults, will be pursued to the full extent of the law.

## Photograph and Internet Liability Waiver

I/We are aware that photographs may be taken of my/our son/daughter, \_\_\_\_\_ by adults and/or other *members* of and/or affiliated with St. Agnes CYO and/or JCYO and those photos could be put on the internet. I/We hereby further release, indemnify and hold harmless St. Agnes CYO and/or JCYO, St. Agnes Parish, The Archdiocese of New Orleans, The Roman Catholic Church, their directors, officers, agents, pastors, employees and insurers of all above from any and all claims and/or damages on behalf of myself/ourselves and/or our child arising from the publication of my/our child's names, photographs, or likeness and/or film and from any identifying factors, both positive and negative, associated with internet media including websites and social networks.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

## Photograph and Internet Consent

I/We, \_\_\_\_\_ the undersigned parent(s) of \_\_\_\_\_, a member of St. Agnes CYO or JCYO, hereby grant permission to St. Agnes CYO, St. Agnes JCYO, and/or The Archdiocese of New Orleans to publish and/or print my/our child's likeness in group pictures in conjunction with St. Agnes CYO, or St. Agnes JCYO.

Signature of Parents or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

\*For the purpose of this consent, "member" refers to students in grades 6 – 8 and students in grades 8 – 12 who participate in St. Agnes CYO and/or St. Agnes JCYO