

EXHIBIT J-h

YOUTH REGISTRATION, CONSENT, LIABILITY WAIVER

Parish/School _____

Last Name _____

Diocese of Beaumont

PLEASE PRINT OR TYPE

NAME _____ SEX: _____ Male _____ Female
Last First Middle

ADDRESS _____ PHONE _____
P.O. Box or Street City State Zip
Name Business Address Business Phone/Page/Cell, etc.

Mother _____

Father _____

LIST TWO NEIGHBORS OR RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.

Name _____ Name _____
Address _____ Tel _____ Address _____ Tel _____

Note any health conditions such as heart disease, diabetes, eye or ear problems, epile psy, severe allergies, chronic ailments, etc.
Explanation: _____

RELIGION _____ CHURCH YOU ATTEND _____

GRADE (Fall 20__) _____ AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

I/WE THE PARENT(S) GUARDIAN(S) OF THE ABOVE NAMED INDIVIDUAL HEREBY GIVE MY/OUR CONSENT AND APPROVAL FOR HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES SPONSORED BY THE DIOCESE OF BEAUMONT, MOST REVEREND CURTIS J. GUILLORY, BISHOP OF DIOCESE OF BEAUMONT, AND/OR THIS PARISH AND/OR THIS SCHOOL, AND ANY AND ALL ORGANIZERS OR SPONSORS, INCLUDING PARTICIPATION IN ATHLETIC EVENTS. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENT TO THE CONDUCT OF SUCH ACTIVITIES, INCLUDING ANY AND ALL TRANSPORTATION, AND FOR AND IN CONSIDERATION OF THE EDUCATIONAL INSTRUCTION HE/SHE WILL RECEIVE IN CONNECTION THEREWITH, I/WE HEREBY AGREE TO RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS, AND DO BY THIS INSTRUMENT RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE DIOCESE OF BEAUMONT, MOST REVEREND CURTIS J. GUILLORY, BISHOP OF DIOCESE OF BEAUMONT, AND/OR THIS PARISH AND/OR THIS SCHOOL, AND ANY AND ALL ORGANIZERS OR SPONSORS, OF AND FROM ANY AND ALL LIABILITY FOR AN INJURY TO MY/OUR AFORESAID YOUTH, AND I/WE WAIVE ALL CLAIMS OF ANY KIND AGAINST ANY OR ALL OF THE ORGANIZATIONS OR PERSONS HEREIN ABOVE ENUMERATED, INCLUDING ANY AND ALL CLAIMS AGAINST ANY PERSONS TRANSPORTING MY/OUR CHILD TO OR FROM ANY SUCH ACTIVITIES HEREINABOVE NAMED. I WE AUTHORIZE THE PARISH AND/OR SCHOOL AND ANY AND ALL ORGANIZERS OR SPONSORS TO PERFORM A PRE-BOARDING SEARCH OF OUR SON'S/DAUGHTER'S LUGGAGE AND/OR BACKPACK AND/OR PURSE FOR ILLEGAL SUBSTANCES OR ANY ITEM WHICH MAY ENDANGER THE HEALTH OR SAFETY OF THE ORGANIZATION, ITS PARTICIPANTS OR PERSONNEL. I/WE AUTHORIZE THE PARISH AND/OR SCHOOL AND ANY AND ALL ORGANIZERS OR SPONSORS TO PERFORM A SEARCH UP ON OUR SON/DAUGHTER IF HE/SHE IS SUSPECTED TO BE IN POSSESSION OF ILLEGAL SUBSTANCES OR ANY ITEM WHICH MAY ENDANGER THE HEALTH OR SAFETY OF THE ORGANIZATION, ITS PARTICIPANTS, OR PERSONNEL.

Date _____

Father's Signature _____

Mother's Signature _____

MUST BE SIGNED BY PARENTS OR GUARDIANS
REVERSE SIDE OF FORM MUST BE COMPLETED

I give permission for my son/daughter to attend and participate in events sponsored by this particular parish and/or this school and/or Diocese of Beaumont.

TO: Any Physician, Hospital or Authorized Health Care Provider

FROM: The Parent(s) or Guardian(s) of _____

RE: Emergency Health/Medical Services

This is to verify that, in the event of my unavailability, a staff member of the Diocese of Beaumont Office, one of its parishes or schools, or an adult advisor of _____ is authorized to order emergency medical care for my child named above, and is also authorized to execute any permission slips or other authorization required in connection with such care.

Please fill in ALL blanks below. If the answer is none or does not apply, write none or N/A in that blank. Every line needs a response

Parent(s) or Guardian(s) Signatures Date Signed

Insurance Company: _____
Information

Policy Carrier (Name Employer or Individual): _____

Policy Number: _____

Known Allergies: _____

Prescription/Non-Prescription Drugs Currently Being Taken: _____

Date of Last Tetanus Booster: _____

Emergency
Contacts

Name _____ Phone(____) _____

Name _____ Phone(____) _____

A PHOTOCOPY OF BOTH SIDES OF MAJOR MEDICAL INSURANCE ID CARD MUST BE ATTACHED.