THE ARCHDIOCESE OF SAN FRANCISCO

PARENTAL PERMISSION FORM

ACTIVITY (Describe in detail, including time, place, and transportation):
St. Timothy School/ PPSL Fall 2016 Baseball Program. Practices and games: August – November

2016. Please submit grade your child will enter in the Fall of 2016.	
CHILD'S NAME:	PARISH:
ADDRESS (Street, City, Zip):	
PHONE: () SCHOOL: _	GRADE:
BIRTH DATE:	
PARENT/GUARDIAN'S NAME:	
ADDRESS (Street, City, Zip):	
HOME PHONE: ()	WORK PHONE: ()
PERSON(S) (OTHER THAN PARENT/GUARDIAN) TO	NOTIFY IN CASE OF EMERGENCY:
NAME:	PHONE:()
I, the parent/guardian of the above-named of participation in the activity named above. I agree with the directions and instructions of the parish, sfor the activity.	e to direct my child to cooperate and conform
I agree, to the extent permitted by law, that it his/her participation in the above-named activity, if from the activity, whether or not caused by parish/school or Archdiocesan youth activities precourse for the payment of any resulting hospital first be had against any accident, hospital or med mine or of my spouse.	ncluding but not limited to transportation to another the negligence (active or passive) of the program, or any of its agents or employees al, medical, or related costs and expenses wi
I am not aware of any medical condition of my him/her to participate in any such activity.	/ child which would render it inappropriate fo
I hereby give permission to the physician spersonnel then present to render medical treatments physician.	
Further, I hereby waive any and all rights videotapes, motion pictures, recordings, or any ot be made by the Archbishop/Parish/School/Agency	her record of this event or activity which may

PARENT/	GUARDIAN'S SIGNATURE:
DATE:	
OTHER P	ARENT/GUARDIAN'S SIGNATURE:
DATE:	
	While being sensitive to single-parent situations and possible embarrassment to the children, signature of both parents should be obtained when possible.