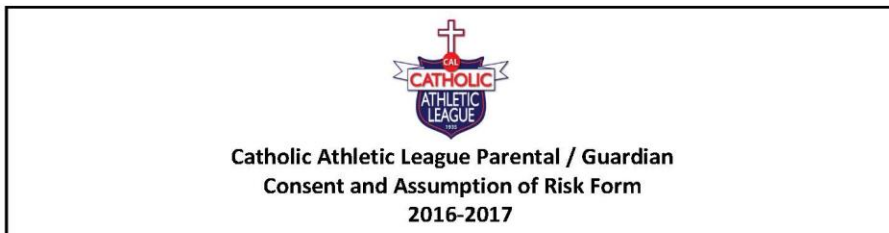


**School / Parish Acknowledgement of Distribution, Collection and Retention of:**



Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child \_\_\_\_\_  
(Parent / Guardian's Name) (Child's Name)

**to participate in all parish / school Catholic Athletic League (CAL) Competitive Sports Activities that may require transportation to a location away from the parish or school site. These activities will take place under the guidance and direction of parish /school employees and/or volunteers from \_\_\_\_\_ and representatives of CAL.**  
(Name of Parish or School)

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

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns to hold harmless and defend \_\_\_\_\_, its officers,  
(Name of Parish or School)

directors and agents, and the Roman Catholic Bishop of Providence, the Diocesan Service Corporation, the Catholic Youth Organization of the Diocese of Providence and the Catholic Athletic League, its coaches, chaperones or any representatives associated with these athletic events, from any claim arising from or in connection with my child attending and participating in athletic activities or arising from or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith. I agree to compensate the parish or school, its officers, directors and agents and the Roman Catholic Bishop of Providence, the Diocesan Service Corporation, the Catholic Youth Organization of the Diocese of Providence, the Catholic Athletic League and the coaches, chaperones or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

The undersigned specifically acknowledge that a risk of injury exists and assume said risk with respect to practicing for or participation in any contest or exhibition of an athletic or sports matter sponsored by the Catholic Athletic League.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian)

**The Consent and Waiver Form above has been collected and is held by the school/parish for each participant in CAL 2016-2017 Athletic activities.**

**Name of Parish/School: \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature of Pastor or Principal: \_\_\_\_\_**