

## Catholic Athletic League Parental / Guardian Consent and Assumption of Risk Form 2017-2018

Participant's Name:	Birth Date:	Gender:
Parent / Guardian's Name:		
Home Address:		
Home Phone:	Cell Phone:	
l,	_, grant permission for my child	
(Parent / Guardian's Name)	, grant permission for my child	(Child's Name)
to participate in all parish / school	Catholic Athletic League (CAL) Competitive	<u>e Sports Activities</u> that
take place under the guidance and	ation away from the parish or school site. direction of parish /school employees and and representatives of CAL	d/or volunteers from
(Name of Parish or School)		
As parent and /or legal guardian, I above named minor ("participant")	remain legally responsible for any persona	al actions taken by the
	d named herein, or our heirs, successors a	_
	(Name of Parish or School) an Catholic Bishop of Providence, the Dioc	
League, its coaches, chaperones or any claim arising from or in connect activities or arising from or in connection the directors and agents and the Roma Corporation, the Catholic Youth On League and the coaches, chaperone	ganization of the Diocese of Providence any representatives associated with these tion with my child attending and participal ection with any illness or injury (including terewith. I agree to compensate the parish in Catholic Bishop of Providence, the Diocese of Providence, the sor representatives associated with the age in connection therewith.	e athletic events, from ating in athletic (death) or cost of h or school, its officers, esan Service the Catholic Athletic activity for reasonable
	wledge that a risk of injury exists and assuation in any contest or exhibition of an atl League.	
Signature:	Date:	

(Parent / Guardian)