

## **CATHOLIC ATHLETIC LEAGUE**

## PARENTAL/GUARDIAN CONSENT AND ASSUMPTION OF RISK FORM 2024-2025

Participant's Name	Date of Birth	Gender
Parent/Guardian's name:		
Home Address	Cell Phone	Home Phone
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in all parish/school Catholic require transportation to a lo	grant permission for my child,e  Athletic League (CAL) Competitive cation away from the school site. The tion of parish/school employees and	e Sports Activities that may nese activities will take place
As a parent and /or legal guathe above-named minor ("pa	rdian, I remain legally responsible frticipant").	for any personal actions taken by
harmless and defend St. Pete Roman Catholic Bishop of the Catholic Youth Organization coaches, chaperones or any reconnection with any illness of therewith. I agree to compete Roman Catholic Bishop of Porganization of the Diocese chaperones, or representative expenses arising in connection.	acknowledges that a risk of injury articipating in any contest or exhibit	bloyees, and agents, and the esan Service Corporation, the the Catholic Athletic League its rities or arising from or in f medical treatment in connection es, directors, and agents and the orporation, the Catholic Youth a League, and the coaches, asonable attorney's fees and exists and assumes said risk with
Signature:(Parent/Guard	Date: lian)	