

MINOR FORM



Cathedral Academy



My child, _____, plan to attend and/or participate in the _____

_____ (ACTIVITY) on _____ (DATE) sponsored or

organized by (CHECK ONE): Cathedral of Praise, Inc. Cathedral Academy, Inc. Cathedral Preschool, Inc.

I recognize that there are risks involved with participating in this activity and hereby assume all risk of injury, harm, damage, or death in connection with my child's participation in this activity. I understand and agree that neither the above sponsor or organizer, nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to my child as a result of my child's participation in this activity and hereby release the above sponsor or organizer, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while my child is participating in the activity. To the fullest extent permitted by law, I agree to save and hold harmless the above sponsor or organizer, its trustees, officers, directors, employees, agents and representatives from any claim by my child, myself, my estate, my child's estate, heirs, successors, assigns or other persons arising out of my child's participation in the activity.

I authorize the above sponsor or organizer through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for my child as may be necessary should any injury, harm or accident occur to my child while participating in this activity.

I understand and acknowledge that the above sponsor or organizer does not provide health or medical insurance in connection with the activity and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my child's participation in the activity.

Child's Name: _____ Date of Birth: _____

Address: _____

Social Security # _____ Home Phone: _____

List any medical exemptions (allergies, blood transfusion, etc.) your child has: _____

List any significant health problems (asthma, diabetes, epilepsy, etc.), surgeries or hospitalizations: _____

Is your child currently under a physician's care for any illness? YES NO If yes, please specify: _____

Date of last tetanus shot: _____

MY CHILD IS CURRENTLY TAKING THE FOLLOWING MEDICINE PRESCRIBED BY A DOCTOR:

Name of medicine: _____

Dosage: _____

Physician's Name and Phone Number: _____

Family Health and Accident Insurance Carrier: _____

Policy Number: _____

Name of Policyholder: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Day/Evening Number(s): _____

Signature of Parent/Guardian: _____ Date _____