

NewCath – Outreach Permission Waiver

(5th, 6th, 7th and 8th graders)

PLEASE PRINT

Name _____

Address _____

Phone _____

Grade this year _____ School _____

PERMISSION SLIP

Father's Name _____

Home Phone _____

Cell Phone _____

Mother's Name _____

Home Phone _____

Cell Phone _____

Family Physician _____

Phone Number _____

Release

For and in consideration of participation by _____.

In the NCC Outreach Events, I agree to hold Newport Central Catholic and its employees harmless and to waive the right to bring legal action against Newport Central Catholic and its employees for any injuries sustained during the course of this event.

Students are encouraged to carry their own accident and/or medical insurance. In the event of injury or illness, every effort will be made to contact the parents or guardian.

If necessary, I authorize Newport Central Catholic to administer first aid and/or authorize medical treatment if this becomes necessary.

Arrangements should be made to pick up student by 10:30 PM when the event is over. Students will not be permitted to leave early unless a parent comes up to get them.

This agreement and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its contents and intent.

If parent or guardian cannot be reached call:

Name _____

Phone Number _____

Signed _____ Date _____

Student Signature _____