



**512**



POLICY



GUIDELINE

### **Parental Consent**

All participants in the Diocesan Recreation Association must have a signed parent consent form on file in the DRA office prior to student-athlete participation in any games.

Diocese of Columbus  
**DIOCESAN RECREATION ASSOCIATION**  
197 East Gay Street  
Columbus, Ohio 43215  
**PARENT CONSENT FORM**

PARISH: \_\_\_\_\_

CHECK ONE:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Boy's Soccer   | <input type="checkbox"/> Boy's Volleyball  | <input type="checkbox"/> Boy's Basketball  | <input type="checkbox"/> Boy's Track     |
| <input type="checkbox"/> Girl's Soccer  | <input type="checkbox"/> Girl's Volleyball | <input type="checkbox"/> Girl's Basketball | <input type="checkbox"/> Girl's Softball |
| <input type="checkbox"/> Boy's Football | <input type="checkbox"/> Girl's Volleyball | <input type="checkbox"/> Boy's Baseball    | <input type="checkbox"/> Girl's Track    |

LAST NAME: \_\_\_\_\_ FIRSTNAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR – PLACE OF BIRTH: \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE)

PARENT'S EMAIL ADDRESS: \_\_\_\_\_

**PLEASE CHECK ONE:**     **NO RESTRICTIONS**         **RESTRICTIONS**

List on any physical handicaps which would prohibit this participant from taking part to the full extent of the activity listed above.

\_\_\_\_\_

**RELEASE**  
**(PLEASE READ CAREFULLY)**

I/We the parent(s) or legal guardian of the above named applicant who has applied for participation in the athletic activities of the Diocesan Recreation Association for the Diocese of Columbus, hereby give my/our consent and approval to his/her participation in any and all activities of the Diocesan Recreation Association and its affiliates for the activity specified. I/we assume all risks and hazards incident to the conduct of such activities including any transportation, and for any consideration of the educational instruction he/she will receive in connection therewith. I/we hereby agree to release and absolve, indemnify, and hold harmless, and do by this instrument release, absolve, indemnify and hold harmless, the Diocesan Recreation Association and its affiliates, the Diocese of Columbus, and any and all of the Catholic Churches and Parishes and any and all supervisors, organizers, coaches, sponsors, and officials of and from any and all liability for any injury to my/our aforementioned child. We waive all claims of any kind against any and all of the organizations or persons hereinabove enumerated, including any and all claims against any person or persons transporting my/our child to or from any such activities hereinabove names. I/we the undersigned hereby declare that I/we have insurance protection covering injuries that may occur (including contact sports) in these activities during the ensuing season. I/we further certify that all information contained in this form is correct.

By signing this form, as the parent/guardian/care-giver of the student-athlete named below, I acknowledge receiving a copy of the concussion and head injury information sheet prepared by the Ohio Department of Health as required by section 3313.539 of the Revised Code. I understand concussions and other head injuries have serious and possibly long-lasting effects.

By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my student-athlete's doctor. I also understand that coaches, referees and other officials have a responsibility to protect the health of the student-athletes and may prohibit my student-athlete from further participation in athletic programs until my student-athlete has been cleared to return by a physician or other appropriate health care professional.

**By signing below, my son/daughter has my approval to participate in the athletic activity checked above.  
I have also received and read the concussion information sheet and agree to the above release**

**(MUST BE SIGNED BY PARENT(S) OR LEGAL GUARDIAN(S))**

PARENT or GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PASTOR'S SIGNATURE: \_\_\_\_\_