



Archdiocese of Las Vegas  
ATHLETIC & SPORTING EVENTS

**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant/Student name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I/We, \_\_\_\_\_ Parent/Guardian's Name grant permission for my/our child,

\_\_\_\_\_ Child's Name to participate in this Parish/School/Institution activity

that requires transportation to a location away from the Parish/School/Institution site. This activity will take place

under the guidance and direction of Parish/School/Institution employees and/or volunteers from

**St. Viator Catholic School**

Parish/School/Institution

A brief description of the activity follows:

Type of event: **Soccer [3rd & 4th Grade] 2025-26 School Year**

Date of event: **See page 3**

(If there is more than one activity scheduled, see p. 3)

Location of activity: **See page 3**

Individual in charge: **Coaches Brady & Segovia**

Duration of activity: **See page 3**

Mode of transportation to and from event: **Parents**

As parent and/or legal guardian, I/we remain legally responsible for any personal actions taken by the above named minor ("participant"). As parent and/or guardian we will always have oversight, control and be responsible for the safety of said minor.

When it is necessary to arrange for overnight accommodations for an athletic activity the following Archdiocesan policy will be effective:

- Students must be roomed with other students only.
- Chaperones and coaches must be roomed with chaperones and coaches only.
- It is not permissible for a student to be roomed with a chaperone or coach.
- The ratio of students to chaperones/coaches will not exceed 8 to 1 for any athletic activity.

I/We agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to release and waive any and all claims for damages which I/we or our child may have so as to release and discharge in advance those parties hereinafter named and further agree to indemnify, forever hold harmless and defend The Roman Catholic Archbishop of Las Vegas, and His Successors, a Corporation Sole (The Archdiocese of Las Vegas), its officers, directors, employees, agents, coaches, volunteers, chaperones, and/or representatives, and the Parish/School/Institution

**St. Viator Catholic School**

(Name of the Parish/School/Institution)

Associated with the event, from any and all liability arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I/we further agree to compensate the Parish/School/Institution and the Archdiocese, it's officers, directors, agents, coaches volunteers, chaperons, and/or representatives associated with the activity for reasonable attorney fees and expenses arising in connection therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**MEDICAL MATTERS:** I/We hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child. (OF THE FOLLOWING STATEMENTS PERTAINING TO MEDICAL MATTERS, SIGN ONLY THOSE THAT ARE APPLICABLE.)

**Emergency Medical Treatment:** In the event of an emergency, I/we hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I/We wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me/us at the above numbers, contact

Name and relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We hereby grant permission for non-prescription medication (such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child if deemed appropriate:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The Parish/School/Institution will take reasonable care to see that the following information will be held in confidence.

Allergic reaction (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_ **\*\* Must include date**

Does child have medically prescribed diet? \_\_\_\_\_

Are there any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting?  
\_\_\_\_\_

Has child recently been exposed to contagious disease, virus or conditions, such as mumps, measles, chicken pox, COVID, etc.? If so, list date and disease or condition: \_\_\_\_\_  
\_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_  
\_\_\_\_\_

**THIS RELEASE MUST BE SIGNED BY BOTH PARENTS/GUARDIANS.** If only one parent/guardian signs this document, that parent/guardian presents and warrants to the Archdiocese that he/she is the sole custodial parent of the student participant with the authority to sign this waiver and release form.

Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) phone number in case of emergency: \_\_\_\_\_ or \_\_\_\_\_

## \*Multiple Activities Schedule

I/We **permit** my/our child to participate in the following events/activities:

Date	Event/Activity	Location	Depart/Return	Mode of Transportation
Day/Date	Practice	Location	Time-Time PM	Parent
Tue, 3/3/26	Tryouts	Paradise Vista Park 2200 Roan Ave, LV, NV	3:15-4:15 PM	Parent
Thur, 3/5/26	Practice	Paradise Vista Park 2200 Roan Ave, LV, NV	3:15-4:15 PM	Parent
Thur, 3/12/26	Practice	Paradise Vista Park 2200 Roan Ave, LV, NV	3:15-4:15 PM	Parent
Thur, 3/26/26	Practice	Paradise Vista Park 2200 Roan Ave, LV, NV	3:15-4:15 PM	Parent
Mon, 4/13/26 - Fri, 4/17/26	Games / Tournament	St. Francis de Sales 1111 N Michael Way, LV, NV	TBD	Parent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*The Multiple Activities Schedule may be used for a sport that involves multiple trips during a season, such as: Football, Basketball, etc. Including all practices off property.**