



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, _____ grant permission for my/our child,
Parent/Guardian's Name

_____ to participate in this Parish/School/Institution activity

Child's Name
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

_____. A brief description of the activity follows:

Parish/School/Institution
Type of event: **2024 Swim and Dive Season Travel**

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: **Head Coach Michael Kinross**

Duration of activity: **SEE PAGE 3**

Mode of transportation to and from event: **SEE PAGE 3**

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 chaperons/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

(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, its 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: _____

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	Activity	Location	Depart/Return	Mode of Transportation
03/02/24	Swim Team @ Bob Swift Invitational	Henderson Multi-Gen Pool	7:00 AM / End of Meet	Self
03/07/24	Swim Team @ Sunset Meet	Pavilion Pool	1:45 PM / End of Meet	Self
03/07/24	Spring Break Invitational	Desert Breeze Pool	7:45 AM / End of Meet	Self
03/22/24	Dive Team vs. Faith Lutheran	UNLV Pool	1:30 PM / End of Meet	Self
03/23/24	Swim Team vs. Faith Lutheran	Municipal Pool	9:00 AM / End of Meet	Self
03/29/24	Dive Team vs. TBD	UNLV Pool	4:00 PM / End of Meet	Self
04/05/24	Dive Team vs. TBD	UNLV Pool	4:00 PM / End of Meet	Self
04/12/24	Dive Team vs. Foothill	UNLV Pool	4:00 PM / End of Meet	Self
04/13/24	Swim Team vs. Foothill	Heritage Pool	11:30 PM / End of Meet	Self
04/19/24	Dive Team vs. Coronado	UNLV Pool	4:00 PM / End of Meet	Self
04/20/24	Swim Team vs. Coronado	Heritage Pool	7:00 AM / End of Meet	Self
04/25/24	Swim Team vs. Pavilion	UNLV Pool	4:00 PM / End of Meet	Self
04/27/24	Swim Team vs. Pavilion	Pavilion Pool	7:00 AM / End of Meet	Self
05/01/24	Swim Team @ Cheryl Grossman Last Chance	Pavilion Pool	12:30 PM / End of Meet	Self
05/03/24	Dive Team @ Cheryl Grossman Last Chance	UNLV Pool	4:00 PM / end of Meet	Self
05/06 – 05/11/24	NIAA Regional Meet	TBA	TBA	Self
05/18/24	NIAA State Championship Meet	TBA	TBA	Self

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.



Bishop Gorman Catholic High School

Unified Policies for Student Travel – Revised August 2023

Students at Bishop Gorman are expected to adhere to the Roman Catholic principles of moral conduct whether in school or in the community. Bishop Gorman High School has a concern with students who engage in behavior which is in opposition to our Catholic philosophy and moral standards. Engaging in such behavior on or off campus, school-sanctioned events, or non-school events may result in a disciplinary sanction up to dismissal from the school.

STUDENT EXPECTATIONS FOR FIELD TRIPS/CO-CURRICULAR TRAVEL

Students are expected to follow all Bishop Gorman and Archdiocese of Las Vegas policies and procedures while traveling and representing the school. In addition, students are expected to follow all policies and procedures outlined by any host school, organization, place of lodging, transportation company, etc. Students are expected to follow the directions of teachers, coaches, and chaperones from the time the group departs until its return. **Participation in academic field trips and co-curricular travel is a privilege and not a right. That participation can be revoked at any time.**

CONSEQUENCES FOR INAPPROPRIATE BEHAVIOR DURING FIELD TRIPS/CO-CURRICULAR TRAVEL

Students may face disciplinary sanctions for misbehavior in one or both of the following areas: (1) ***Discipline related to the activity*** – students may receive sanctions related to the academic course, sport, club, organization, including the possibility of removal from the group permanently or for a prescribed period of time. (2) ***Discipline provided by the school*** – students may receive sanctions as outlined in Chapter 5 of the Bishop Gorman Parent/Student Handbook: Regulations for Student Conduct. These sanctions may range from a warning all the way to dismissal from Bishop Gorman. Violation of Bishop Gorman discipline policies or violations regarding any aspect of a student's safety is an issue of trust, and **the student may be sent home and all expenses will be assumed by the parents.**

SPECIFIC SAFETY ISSUES DURING FIELD TRIPS/CO-CURRICULAR TRAVEL

Students shall follow all policies and procedures set forth by the Archdiocese, Bishop Gorman, and the teachers/coaches/moderators/chaperones surrounding safety as related to transportation, lodging, and schedules of events/activities. The following violations of safety procedures may result **in immediate dismissal** from the group/team: (1) failure to follow directives given by supervising adults, (2) failure to meet established curfew expectations, (3) sneaking out or attempting to sneak out during an established curfew, (4) being in a room of the opposite sex at any time, (5) possession, use, or distribution of any of the following: (a) tobacco, nicotine, or nicotine related products, including vape devices, (b) alcohol, or (c) illegal drugs or controlled substances, including medical or recreational marijuana, (5) Other serious infractions as outlined in the Bishop Gorman Parent/Student Handbook.

I acknowledge that my signature verifies that I have received, reviewed, understand and agree to abide by the Unified Policies for Student Travel as outlined above.

Parent/Guardian Signature

Student Signature

Date