

DRAMA CLUB

Divine Redeemer School

726 Fourth Avenue – Ford City, PA 16226

ACTIVITY PARTICIPATION FORM – PARENT PERMISSION AND RELEASE

Your son/daughter is eligible to participate in a school-sponsored activity. This activity will take place under the guidance and supervision of employees from Divine Redeemer School. A brief description of the activity follows:

PLEASE RETURN PERMISSION FORM BY NOVEMBER 6, 2023

NAME OF ACTIVITY: DRAMA CLUB-GRADES 3-6

DESTINATION: DIVINE REDEEMER SCHOOL

DESIGNATED SUPERVISOR OF ACTIVITY: MRS. SHEAFFER, MRS. HULLINGS, MRS. KEPHART & MS. MAZZOTTA

DATE: **EVERY THURSDAY--STARTING NOV. 9, 2023**

TIME: 1:30-2:30PM

COST: **\$5.00**

If you would like your child to participate in this activity, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named students.

I hereby consent to participation by my child, _____, in the activity described above. I understand that my child will be under the supervision of the designated certified instructors on the stated dates.

In consideration of the agreement of **Divine Redeemer School** to allow my child to participate in the above described activity, and intending to be legally bound and hereby, I agree to indemnify and hold harmless **Divine Redeemer School**, the Roman Catholic Diocese of Greensburg, Most Reverend Larry Kulick, their employees, agents, successors, assigns and legal representatives, against any loss from any and all claims, demands and actions at law or in equity that my hereafter at any time be brought by my child, or anyone acting on her or his behalf, for the purpose of enforcing a claim for damages because of any injury to my child or any cause of action of any kind or nature as a result of, or in any way related to his/her participation in the above mentioned activity.

I/We agree that in case of injury to my/our child, I will apply our hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to **Divine Redeemer School**, or the Roman Catholic Diocese of Greensburg or any of their officers, employees, agents, successors or assigns for the payment of any medical costs or injury related costs.

IN WITNESS WHEREOF, I/we execute this Hold Harmless and Indemnification Agreement this
day of _____, 2023/2024.

Signature of Parent/Guardian

EMERGENCY INFORMATION

***IN CASE OF AN EMERGENCY PLEASE CONTACT US AT THIS PHONE**
NUMBER _____

***IF WE ARE UNAVAILABLE, CONTACT NAME, RELATIONSHIP & PHONE NUMBER**

OUR INSURANCE COMPANY IS _____ POLICY NUMBER _____

MEDICAL INFORMATION

Complete this section only if your child has specific medical needs.

Parent/Guardian Name: _____ Date _____

Medical Information:
It is essential for teacher/instructors to be aware of any medical concerns regarding your child.
Please complete the following:

Medical Problems: _____

Allergies: _____
Treatment: _____

If your child has medication in the nurse's office at school, it is important to contact the school if the medication needs to be with the teacher/instructors during this activity.
Please check the following:

_____ The teacher/instructors may carry and administer my child's medication during this activity.

_____ I do not want my child to take medication during this activity.

Parent/Guardian Signature _____ Date _____

ROBOTICS CLUB

Divine Redeemer School

726 Fourth Avenue – Ford City, PA 16226

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PLEASE RETURN PERMISSION FORM BY NOVEMBER 6, 2023

NAME OF ACTIVITY: ROBOTICS CLUB-GRADES 3-6
DESTINATION: DIVINE REDEEMER SCHOOL
DESIGNATED SUPERVISOR OF ACTIVITY: MRS. SHEAFFER, MRS. HULINGS, MRS. KEPHART & MS. MAZZOTTA
DATE: **EVERY THURSDAY--STARTING NOV. 9, 2023**
TIME: 1:30-2:30PM
COST: **\$5.00**

If you would like your child to participate in this activity, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named students.

I hereby consent to participation by my child, _____, in the activity described above. I understand that my child will be under the supervision of the designated certified instructors on the stated dates.

In consideration of the agreement of **Divine Redeemer School** to allow my child to participate in the above described activity, and intending to be legally bound and hereby, I agree to indemnify and hold harmless **Divine Redeemer School**, the Roman Catholic Diocese of Greensburg, Most Reverend Larry Kulick, their employees, agents, successors, assigns and legal representatives, against any loss from any and all claims, demands and actions at law or in equity that my hereafter at any time be brought by my child, or anyone acting on her or his behalf, for the purpose of enforcing a claim for damages because of any injury to my child or any cause of action of any kind or nature as a result of, or in any way related to his/her participation in the above mentioned activity.

I/We agree that in case of injury to my/our child, I will apply our hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to **Divine Redeemer School**, or the Roman Catholic Diocese of Greensburg or any of their officers, employees, agents, successors or assigns for the payment of any medical costs or injury related costs.

IN WITNESS WHEREOF, I/we execute this Hold Harmless and Indemnification Agreement this
_____ day of _____, 2023/2024.

Signature of Parent/Guardian

EMERGENCY INFORMATION

***IN CASE OF AN EMERGENCY PLEASE CONTACT US AT THIS PHONE NUMBER**

***IF WE ARE UNAVAILABLE, CONTACT NAME, RELATIONSHIP & PHONE NUMBER**

OUR INSURANCE COMPANY IS _____ POLICY NUMBER _____

MEDICAL INFORMATION

Complete this section only if your child has specific medical needs.

Parent/Guardian Name: _____ Date _____

Medical Information:

It is essential for teacher/instructors to be aware of any medical concerns regarding your child.

Please complete the following:

Medical Problems: _____

Allergies: _____

Treatment: _____

If your child has medication in the nurse's office at school, it is important to contact the school if the medication needs to be with the teacher/instructors during this activity.
Please check the following:

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_____ I do not want my child to take medication during this activity.

Parent/Guardian Signature _____ Date _____

STEM CLUB

Divine Redeemer School

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PLEASE RETURN PERMISSION FORM BY NOVEMBER 6, 2023

NAME OF ACTIVITY: STEM CLUB-GRADES 3-6

DESTINATION: DIVINE REDEEMER SCHOOL

DESIGNATED SUPERVISOR OF ACTIVITY: MRS. SHEAFFER, MRS. HULLINGS, MRS. KEPHART & MS. MAZZOTTA

DATE: **EVERY THURSDAY--STARTING NOV. 9, 2023**

TIME: 1:30-2:30PM

COST: **\$5.00**

If you would like your child to participate in this activity, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named students.

I hereby consent to participation by my child, _____, in the activity described above. I understand that my child will be under the supervision of the designated certified instructors on the stated dates.

In consideration of the agreement of Divine Redeemer School to allow my child to participate in the above described activity, and intending to be legally bound and hereby, I agree to indemnify and hold harmless Divine Redeemer School, the Roman Catholic Diocese of Greensburg, Most Reverend Larry Kulick, their employees, agents, successors, assigns and legal representatives, against any loss from any and all claims, demands and actions at law or in equity that my hereafter at any time be brought by my child, or anyone acting on her or his behalf, for the purpose of enforcing a claim for damages because of any injury to my child or any cause of action of any kind or nature as a result of, or in any way related to his/her participation in the above mentioned activity.

I/We agree that in case of injury to my/our child, I will apply our hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to Divine Redeemer School, or the Roman Catholic Diocese of Greensburg or any of their officers, employees, agents, successors or assigns for the payment of any medical costs or injury related costs.

IN WITNESS WHEREOF, I/we execute this Hold Harmless and Indemnification Agreement this
_____ day of _____, **2023/2024.**

Signature of Parent/Guardian

EMERGENCY INFORMATION

***IN CASE OF AN EMERGENCY PLEASE CONTACT US AT THIS PHONE NUMBER**

***IF WE ARE UNAVAILABLE, CONTACT NAME, RELATIONSHIP & PHONE NUMBER**

OUR INSURANCE COMPANY IS _____ POLICY NUMBER _____

MEDICAL INFORMATION

Complete this section only if your child has specific medical needs.

Parent/Guardian Name: _____ Date _____

Medical Information:

It is essential for teacher/instructors to be aware of any medical concerns regarding your child.

Please complete the following:

Medical Problems: _____

Allergies: _____

Treatment: _____

If your child has medication in the nurse's office at school, it is important to contact the school if the medication needs to be with the teacher/instructors during this activity.

Please check the following:

_____ The teacher/instructors may carry and administer my child's medication during this activity.

_____ I do not want my child to take medication during this activity.

Parent/Guardian Signature _____ Date _____