

**PARENT PERMISSION AND WAIVER FOR ON SITE PARTICIPATION**

Dear Parent or Legal Guardian:

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

**Name of Event:** Mini-THON®  
**Designated Supervisor of Activity:** Mrs. Megan Wertz, Student Council Advisor  
**Date & Time of event:** March 10, 2018 – 4:30pm-10:30pm

Emergency Information: Name & Relation #1: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name & Relation #2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and waiver of liability.

My child has special medical concerns. Yes \_\_\_ No \_\_\_ (If yes, please describe on back of this paper.)

**CONSENT AND WAIVER**

I hereby request the participation of my child, \_\_\_\_\_, in the event described above. I understand that this event will be under the supervision of the designated school employee on the stated dates and I further consent to the conditions stated above on participation in this event.

I hereby agree, on behalf of the named student and his other parent or legal guardians, to waive any claims for liability against this school, the Diocese of Harrisburg (and any diocesan or school officers, agents or employees) which may arise from the participation of the named student in the above-described event.

\_\_\_\_\_  
(Print Parent's Name) (Parent's Signature) (Date)

\_\_\_\_\_  
Student's Name Grade Homeroom

**T-SHIRT SIZE:**  Adult Small  Adult Medium  Adult Large  Adult X-Large  Adult XX-Large

Please return this entire form by: **Friday, February 9, 2018.**