

# PARENT MEDICAL AND LIABILITY RELEASE STATEMENT CODE OF CONDUCT and PHOTO RELEASE

**THE ROMAN CATHOLIC BISHOP OF SAN DIEGO – 3888 Paducah Drive, El Cajon, CA 92117 (858) 490-8200**

**CATHOLIC MUTUAL GROUP (858) 490-8285**

Mission Basilica San Diego de Alcalá; 10818 San Diego Mission Rd, 92108; 619-283-7319 *(Parish Name, Address, and Phone)*

**EVENT INFORMATION**

**Event** Sunday Catechesis / Youth Ministry 2026-2027

**\*\*Please check one:**

**Location:** Mission Basilica San Diego de Alcalá

Adult (18 and older)

Youth (under 18)

**Phone:** 619-624-0900

Sundays 10am-11:30am; 11:30am - 1:15pm;

**Date & Time of Activity:** 9/13/26-5/16/27; Noon - 1:30pm **Cost:** TBD

**(Please Print)**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell or Work #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Allergies/ Medical Problems/ Disabilities: \_\_\_\_\_

Is the participant taking any over the counter or prescriptions drugs? **Please list and print clearly.**

*(Use another sheet if necessary.)* \_\_\_\_\_

**Please list any Allergies to medication or foods** \_\_\_\_\_

I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by: Carol Gamara, 619-624-0900  
*(Coordinators Name & Phone #)* and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. **I agree not to hold,**

Faith Formation/Youth Ministry & Mission Basilica San Diego de Alcalá *(Location Name & Parish Name)*, **its leaders, employees and volunteers** liable for damages, losses, diseases, or injuries incurred by the subject of this form.

**MEDICAL LIABILITY**

**CONDUCT**

I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken and arrangements may be made for immediate removal from the event.

**PHOTO**

I hereby authorize the making of photographs, motion pictures, videotapes, voice recording, internet distribution or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

By checking this box, I **DO NOT** authorize any photos, videotapes, voice recordings or internet distribution of my child.

**PERMISSION**

\_\_\_\_\_  
**Parent/ Guardian Signature Required** for minors under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Participant Required** (Youth or Adult)

\_\_\_\_\_  
Date