CONSENT FORM & LIABILITY WAIVER

Junior Catholic Daughters # 206 Our Lady of Guadalupe

Date: All JCDA Events for 2017-2018

JCDA Member Name	Da	ate of Birth	Age	
Name of Attending School		Grade		
Returning Member New N	1ember			
Parent(s)/Guardian Name		Relationship)	
Home Address	City &	City & Zip Code		
Home Phone	Cell _	Cell		
Email Address		Religion		
<u>Liability Release</u>				
I (parent/guardian),liability while my child is in attenda				
St. Joseph's Catholic Church & Scho	ool Desi	iree Muenich - JCDA Cl	hairman	
Victoria Diocese	Jennifer Jahn - JCDA Chai		man	
Any and all volunteers	Any	Any Hostessing JCDA group/church/facility		
<u>Medical Matters</u>				
In the event of any emergency, I h hospital for emergency, medical, or treatment by the hospital or doctor contact:	r surgical treatment. I w	vish to be advised prio	r to any further	
Emergency Numbers:				
Name	Relationship	Phone		
Name	Relationship	Phone		
	(((((((more on back)))))))))		

Family Doctor	Phone	_
·	Ith problems that we should be aw	vare of? If so, please explain:
	nts require a parent signature.	
I fully understand the forgoing	g statements and sign this 2017-1	8 Parental/Guardian Consent Form
and Liability Waiver knowingly	, freely, and willingly. Parent Sig	nature
	has my po 8. Parent signature	ermission to attend JCDA functions and
state scrapbook, JCDA private St. Joseph Catholic Church we	ebsite, Catholic Lighthouse, CDA S	olic Church, public Facebook page, hare magazine, etc) for events in the
year 2017-2018. Parent sign	ature	