

PHÒNG TRÀO THIẾU NHI THÁNH THỀ VIỆT NAM
ĐOÀN DON BOSCO

**Parental Consent for Youth to Participate in Activity
Emergency Contact, Medical Information, and Release**

Tham Dự Viên _____ **Ngày Sinh (DOB)** _____
(Participant) (mm/dd/yyyy)

- **Event:** Âu Nhi Christmas Movie Night
 - Location: 1107 E Yager Ln, Austin, TX 78753
- **Thời Gian (Date/Time):** Sunday, December 21, 2025 from 6:00pm to 9:00pm
- **Transportation:** Đoàn Thiếu Nhi Thánh Thề, Don Bosco Austin không chịu trách nhiệm vận chuyển đến và đi từ địa điểm. Chúng tôi đặc biệt khuyên tất cả các trẻ em dưới 18 tuổi nên được cha mẹ chở đi. *Doan Don Bosco Austin is not responsible for the transportation to and from the venue. We highly recommend that all students under 18 be driven by their parents.*

A. The undersigned represent that they are the parents or legal guardians of Participant and have full authority under law to sign this document. B. Parents grant their permission for Participant to enroll and participate in the Event. C. Parents acknowledge and agree that: (1) Participant and Parents voluntarily seek to participate in the Event; (2) the Event may involve physical activity that involves risk of injury; (3) Participant and Parents will abide by all policies and rules established for Event and instructions of those persons facilitating, organizing, or overseeing the Event; (4) Parents and Participant are responsible for Participant's conduct during the Event and are responsible for any damages, claims, or other costs caused by Participant or incurred as a result Participant's conduct; and (5) if Participant's conduct is inappropriate, unsafe or detrimental to the Event, other participants or other persons, Parish/School or the Diocese may be suspend or expel Participant from the Event and future events. D. Unless this paragraph is struck and initialed by the undersigned, Parents authorize Parish/School and the Diocese to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to Participant at Participant's request if the Parish/School or Diocese deem it reasonable to do so. The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such over-the-counter medication. E. In the event of an emergency or a situation that is reasonably considered to be an emergency, Parents authorize the Parish/School and the Diocese to seek and authorize emergency medical care to be given to the Participant (for example, first aid, medication, anesthesia, or surgery). The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such emergency care. Parents grant Parish/School and the Diocese permission: (1) to photograph and video tape Participant during the Event; and (2) to use the photographs and video tapes in publications and promotions of the Parish/School and the Diocese, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks. To the extent permitted by law, Parents, for themselves and for Participant, release and agree to indemnify and hold harmless the Parish/School, the Diocese, and the Transportation Provider from any and all liability, claims, demands, and costs which may arise as a result of Participant's participation in the Event or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage.

Parents and participants assume all risk of injury or loss to themselves or their property.

Parent/Guardian Signature: _____ **Date:** _____

Participant Signature: _____ **Date:** _____

EMERGENCY CONTACT and MEDICAL INFORMATION

Tên Phụ Huynh (Parents / Guardian's name): _____

Địa chỉ (Address): _____

Điện thoại (Phone #): _____ **Email:** _____

Y Tế (Medical Information)

Điều kiện sức khỏe cần lưu ý như dị ứng, bệnh tinh, thuốc men đang sử dụng v.v. (Special medical conditions such as allergies, medications, etc.):

Name of Participant: _____ Conditions: _____

Bác sĩ gia đình (Family Physician): _____ Phone: _____