



**St. John Neumann Roman Catholic Church**

157 Middleboro Road/  
P.O. Box 718  
East Freetown, MA 02717

Parish Office 508-763-2240  
Fax 508-763-3040

**Liability Waiver/Insurance Verification**

I give authorization for my child/dependent, \_\_\_\_\_, to participate in activities sponsored by St. John Neumann Church. I release St. John Neumann Church, Coaching Staff, and all Assistants from liability in the event of injury.

(Please initial appropriate verification)

\_\_\_\_\_ In the event of a medical emergency, I give permission for my child to be seen and/or treated by a physician

\_\_\_\_\_ In the event of a medical emergency, I DO NOT give permission for my child to be seen and/or treated by a physician

In the event of an emergency contact:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Please list any medical conditions or medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date