



Catholic Arts and Academic Competition

STUDENT PARTICIPATION FORM



Submit this form to your CAAC Campus Coordinator

Student: _____ Grade: _____

School: _____

Parent/Guardian: *(print)* _____

Phone Number: _____ Email: _____

PARTICIPATION FORMS DUE _____

Submit this form to your CAAC Campus Coordinator: _____

My child _____ has permission to participate in the

(School year) _____ **Catholic Arts and Academic Competition** for the following contest(s):

- Cheer 4 Christ Cheerleading**
- STREAM Challenge**
- Sing@theCross**

I acknowledge and hold the Archdiocese of San Antonio and the Department of Catholic Schools, its staff and volunteers, harmless from any claim or legal action originated by, or on behalf of, students, parents, or other representatives, for emergency care and treatment, or liability while traveling or participating in any CAAC sanctioned activity.

Parent signature: _____ Date: _____

I give consent for my child to be photographed, videotaped, and/or interviewed for possible use in newspapers, television, radio broadcasts, and/or websites in connection with the Archdiocese of San Antonio Department of Catholic Schools. *(Check one)* YES NO

Parent signature: _____ Date: _____

Return this form to your CAAC Campus Coordinator