

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ zip code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ T shirt size: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Student Cell Phone #: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Parishioner or Friend \_\_\_\_\_

Father/Guardian's full name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
(If different from Above)

Home address: \_\_\_\_\_  
(If different from Above)

Mother/Guardian's full name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
(If different from Above)

Home address: \_\_\_\_\_  
(If different from Above)

Alternative contact if unable to reach parent/guardian in the event of emergency:

Name & Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Policy: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance is provided by which parent and/or place of employment? \_\_\_\_\_

Address and Phone Number of Insurance Company: \_\_\_\_\_

A photocopy of the Medical Insurance / Pharmacy Card must be submitted with the form.

Family physician name \_\_\_\_\_ Phone \_\_\_\_\_

Date of the last Tetanus Booster \_\_\_\_\_

Medication (and dosage) my son/daughter is currently taking (if more space is needed use the back side of this form):

\_\_\_\_\_

Include any instructions related to the medication including amount and timing dosages

Other special considerations to be aware of (e.g.: allergies, medical conditions, vegetarian/food issues etc....)

In signing, I agree to abide by any / all policies and rules established for this event / activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Basic rules / expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical / sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).

Participant signature: \_\_\_\_\_