

Regina Coeli  
Alliance OH

Sacred Heart of Mary  
Harrisburg OH

St. Joseph  
Alliance OH

St. Joseph  
Maximo OH

St. Louis Church  
Louisville OH

### Youth Registration/Medical Permission Form

(Please print or type all information, except signatures, and complete both sides of this form.)

I. First Name: \_\_\_\_\_ Middle initial \_\_\_\_ Last

Name \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Additional Emergency Phone numbers (please identify as work, cell, pager)

Date of birth: \_\_\_\_\_

Age \_\_\_\_\_

Circle ALL that apply: Male

Female Visually Impaired

Wheelchair Access/Mobility Impaired

Hearing Impaired

Please note: All areas utilized are not ADA accessible. Contact the coordinator for special arrangements.

### II. Youth Agreement

I understand that my participation in this activity requires compliance with specific regulations in the Code of Conduct. I agree to abide by all rules and regulations set forth. Any infractions of the rules or regulations including, but not limited to, the possession of alcohol, drugs, or weapons may cause my dismissal from the activity. If I should be dismissed, I understand that my parents will be contacted to arrange for my immediate transportation home.

**Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### III. Parental Agreement

I, the parent/guardian of \_\_\_\_\_ who is less than nineteen years of age, grant permission for my daughter/son to participate in

\_\_\_\_\_. By allowing my child to participate in the said activity, I hereby assume all risk of accident or harm arising or growing out of, directly or indirectly, any incident of any kind occurring during the course of such activity to my child and do hereby release and discharge the Bishop of the Diocese of Youngstown, above named parishes, and the agents, associates, and employees of the Bishop and above named parishes who have organized or participated in the supervision of such activity from all claims, demands, suits, causes or actions,

rights, costs, expenses and any compensations whatsoever which may occur to my family and its members during or resulting from participating in the activity mentioned.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am aware of the particulars of the said activity including the times, costs, and adults chaperoning and/or transporting my child for the activity and have clarified any concerns I may have with the coordinating adult in charge. I agree that my son/daughter shall abide by the Code of Conduct and all regulations of the activity including regulations regarding alcoholic beverages, drugs, and weapons. I agree that if my son/daughter fails to abide by the regulations set forth, he/she may be dismissed from the activity and I will need to arrange for his/her immediate transportation home at my expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(continued on back)

I understand that any photographs or video taken at this activity may be used in diocesan, parish or local publications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. Medical Information**

**(Please check and sign only those below which are in accordance with your wishes.)**

\_\_\_ In the event of an emergency, I hereby grant permission to transport my son/daughter and obtain emergency medical or surgical treatment from a licensed physician, hospital, or medical clinic. I hereby authorize medical personnel to release necessary information about his/her care to the parish adult in charge of the activity named here

\_\_\_\_\_. I wish to be advised prior to further treatment by the hospital or doctor. In the event I cannot be reached, please contact \_\_\_\_\_ at \_\_\_\_\_.

Relationship to youth \_\_\_\_\_.

Family physician \_\_\_\_\_ Phone \_\_\_\_\_.

**(Please check one of the following)**

\_\_\_ My son/daughter is covered by hospitalization and medical insurance under policy# \_\_\_\_\_ issued by \_\_\_\_\_.

\_\_\_ My son/daughter does not have medical coverage and I assume responsibility for the cost of \_\_\_\_\_ hospitalization and medical care for my son/daughter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ I hereby warrant that to the best of my knowledge, my son/daughter is in good health. **I do not want any medical treatment to be given to my son/daughter under any circumstances.** I hereby assume all responsibility for the health and well being of my son/daughter and release from responsibility the Bishop of the Diocese of Youngstown, St. Louis, Sacred Heart of Mary Parish, and the agents, associates, and employees of the Bishop and parish who have organized or participated in the supervision of such activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ My son/daughter is taking medications at present. He/she will bring all necessary medications and such medications will be well labeled. The names of, and concise directions for taking such medications, including dosage and frequency of dosage are as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_ No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_ I hereby grant permission for nonprescription medication (such as acetaminophen, decongestant, cough syrup) to be given to my son/daughter, if requested by my son/daughter and deemed advisable by an adult chaperone.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_ I wish to inform you of the following additional medical information and the recommended course of action (allergies, dietary restrictions, special conditions, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_ I would like to have a member of the activity staff speak with me further regarding a medical concern or situation. Please contact me at \_\_\_\_\_.

**Return completed form to:** \_\_\_\_\_ **by:** \_\_\_\_\_

\_\_\_\_\_