

Participant _____ Participant's DOB _____

Participant's School _____ Participant's Grade _____

1 Mother/Guardian _____

1 Work # _____ 1 Cell # _____

2 Father/Guardian _____

2 Work # _____ 2 Cell # _____

Home Phone # _____ Primary E-mail _____

Address _____ City/Zip _____

3 Emergency Contact (other than Parent/Guardian) _____ 3 Phone # _____

Insurance Company _____ Policy/Group # _____

Are there any known medical conditions we should be aware of? _____

Are there any known allergies to food or medications we should be aware of? _____

Are there any medications the participant is currently taking? _____

List any medications your child has permission to self-medicate: _____

I hereby authorize a responsible adult to dispense to my child, if needed, only the following that are initialed by a parent or guardian (please

initial all that apply): Aspirin Ibuprofen (Advil) Tylenol Pepto Bismol Imodium AD Antacid (Tums) Alka Seltzer
 Topical Antiseptic Cold Medications Antihistamine (Benadryl/Sudafed)

Snack Purchase: _____ (Please initial) I hereby grant permission for my child to enjoy pizza and other snacks at this event and have submitted or will submit upon registration \$5 for the purchase of these snacks.

Caffeine Acknowledgement: _____ (Please initial) I hereby grant permission for my child to enjoy caffeinated beverages at this event.

Photo Release: _____ (Please initial)

I hereby grant permission for my child to be photographed and/or videotaped during the named activity and event. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the youth and young adult programs at All Saints Church and the Diocese of Phoenix.

Behavior Agreement: _____ (Please initial)

My child named above will dress and act respectably and modestly; use no inappropriate verbal or physical abuse of self or others; will not have in his or her possession at any time alcohol, drugs, or tobacco of any kind; will be responsible for his or her own belongings; will not leave the designated area at any time for any reason without contacting a chaperone; and *will review these guidelines with me prior to signing below*. I understand that if the teenager named above is involved in any illegal activity or serious destructive behavior that I will be contacted immediately and be responsible for his or her immediate transportation home.

Medical/Safety Acknowledgement: _____ (Please initial)

I understand that reasonable precautions will be taken to safeguard the health and wellbeing of my son or daughter and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to any x-ray, exam, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care to be rendered to my son or daughter under the general or specific supervision and on the advice of any physician, dentist, or surgeon licensed to practice. I further understand and agree to be responsible for any such medical, dental, or hospital expenses incurred. Further, in the event of sickness or accident, I will not hold All Saints Roman Catholic Church, the Diocese of Phoenix, or any of the youth leaders responsible.

Parent/Guardian of Teen

Date