

All Saints



Registration

Participant _____ Adult T-shirt size S M L XL XXL XXXL

Participant's E-mail _____ DOB _____

Mother/Guardian _____ Work # _____

Mother cell # _____ Father cell # _____

Father/Guardian _____ Work # _____

Home Phone # _____ Primary E-mail _____

Address _____ City/Zip _____

Emergency Contact (must be other than parent) _____ Phone # _____

What school do you attend? _____ Grade _____

What sacraments have you completed?

Baptism ___ Confirmation ___ First Reconciliation ___ First Eucharist ___

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 know about? _____

Any medications currently taking? _____

List 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)

Photo Release: _____ (Please initial for photo release)

I hereby grant permission for my child to be photographed and/or videotaped during the named activity and events. 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 student 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 anytime 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 the chaperone; and will review these guidelines with me prior to signing below. I understand that if the teen 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.

I understand that reasonable precautions will be taken to safeguard the health and well being of my son/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/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