

**Faith Camp 2019**  
**Registration/Medical/Liability Form**  
June 10-14, 2019 8:30-12:00 at the Borel Center

**Register by June 3rd 2019**

**Suggested Donation: \$20.00**

**Attach a Copy of Insurance Card**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male or Female

Family Address: \_\_\_\_\_  
City/State/Zip

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Special needs/Medical Conditions we need to be made aware of: \_\_\_\_\_

ALLERGIES (food or Drug): \_\_\_\_\_

**EMERGENCY CONTACT:**

Emergency Contact Name \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Who is authorized to pick up your child: \_\_\_\_\_  
(Who will be picking up your child from camp?)

**MEDICAL/EMERGENCY INFORMATION**

Family Health Plan Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Holder Name \_\_\_\_\_

**Consent/Liability Waiver**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Bernard Roman Catholic Church, and its officers, directors, employees and agents, and the Diocese of Lafayette, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Lafayette, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. St. Bernard Parish will attempt to contact you directly or the emergency contact prior to treatment by the hospital or doctor.

**Other Medical Treatment:** In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Lafayette, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called. By signing below I consent to Liability Waiver, Medical Matters, Emergency Medical Treatment, and Other Medical Treatment.

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

**PHOTOGRAPH/VIDEO/AUDIO/MEDIA CONSENT**

I consent to and authorize the Roman Catholic Diocese of Lafayette, LA/St. Bernard Church and all entities, representatives, employees, and agents operating under its authority to record, use, edit, reproduce, and/or publish photographs, video, audio, and/or other media that may portray and/or relate to the aforementioned minor child, his/her image, likeness and/or voice, without compensation. I understand that these materials may be used in various print and electronic media, including but not limited to the Diocesan/St. Bernard Church website and the Diocesan/St. Bernard Church publication, Acadiana Catholic, and/or for other endeavors related to Diocesan/St. Bernard Church interests. I understand that the Diocese/St. Bernard Church may use and/or publish materials relating to the aforementioned minor child and/or use his/her photograph, voice, video images, and other media relating to said minor child in any manner that the Diocese/St. Bernard Church deems appropriate in order to promote and/or publicize its programs, or for any other lawful purpose. This authorization shall not expire and will remain effective indefinitely until rescinded in writing. \_\_\_ I GIVE permission. \_\_\_ I DO NOT GIVE permission.

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

