

Participant Name: _____ Event: _____

Date of Birth: _____ Sex: _____

Street: _____ City: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____
(if parent is not available)

Home Phone: _____ Cell Phone: _____

Health Insurance Co: _____ Policy #: _____

Primary Care Physician: _____ Physician's Phone: _____

Health History: Please list any medical conditions that might affect your child from participating in this program. Please include any medications currently taken by your child on a regular basis.

Any allergies or special needs / concerns / dietary restrictions, health concerns:

Any medications (prescription and/or non-prescription) currently taking - including dosage:

Release Statement: I give permission for my child to be transported in a privately owned vehicle or emergency transportation for medical emergencies only and for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent or guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

I certify that my child is in good health and has no limitations other than those I have listed, which may predispose him/her to risk during participation in the program.

My signature confirms that I give permission for my child to participate in the program. I hereby release the Diocese of Rochester and all of its affiliated entities, including its employees, volunteers and parish sponsor from any and liability for any damages suffered as a result of or relating to my child's participation in the program. I agree that neither the Diocese of Rochester or the parish sponsor will be responsible for reimbursement of copayments or uninsured medical costs.

Parent/Guardian Signature: _____

Date: _____

