

Fun in the Sun Registration & Permission Slip ó 2010

✓	<u>Event or Trip</u>	<u>Dates</u>	<u>Cost</u>	<u>Registration Deadline</u>
<input type="checkbox"/>	Camp Fire	June 9	Free	None
<input type="checkbox"/>	Mt. Olympus	June 22	\$38	June 15
<input type="checkbox"/>	Great America	July 20	\$56	July 12
<input type="checkbox"/>	Camp Fire	July 28	Free	None
<input type="checkbox"/>	Noah's Ark	August 3	\$46	July 28
<input type="checkbox"/>	Camp Fire	August 11	Free	None
<input type="checkbox"/>	Little Amerrika	August 24	\$26	August 17

PLEASE COMPLETE ALL PARTS OF THIS FORM

YOUTH INFORMATION (only one child per form – Make/obtain additional copies for additional children)

Youth's Name: _____ Birth date: _____
 Address: _____ Age: _____ Grade: _____
 City & Zip: _____ Phone: _____
 Home Parish: _____

According to the Green Bay Diocesan policy, participants are to be covered by insurance for any travel, competition or performance. It is the responsibility of the parent to provide this insurance coverage.

Emergency Contacts

Parent(s) _____ Home Phone _____
 _____ Work/Cell Phone _____
 Doctor _____ Phone _____
 Dentist _____ Phone _____
 Insurance Company _____ Insurance # _____

RELEASE

The undersigned parent of _____ request our child be allowed to participate in the above indicated event(s). S/he being a minor, we hereby releases and agrees to hold harmless Sacred Heart Parish or any of its advisors, chaperones or persons connected with the event from any liability, claims or damages for personal injury, property loss or other damage which may result during the above event. The undersigned parent consents to the use of likeness in any manner relating to communication production in any media. The undersigned _____ hereby agrees to abide by the rules established for the above event. Transportation, when provided will be by bus or van.

Dated in the area of Appleton, Wisconsin, this _____ day of _____ 2010.

 (Signature of Parent)

 (Signature of Participant)

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor son/daughter _____ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the hospital or employed by the physician as well as any physician and physician's staff where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Signed this _____ day of _____ 2010
 and valid until the _____ day of _____ 2010 _____
(Signature of Parent)

Please list any medical conditions or dietary needs which would affect your child's participation in this event.

Return to Youth Minister