

DIOCESAN YOUTH COUNCIL (DYC) REGISTRATION FORM

CONTACT INFORMATION

Name: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: PA Zip: _____

Parish: _____ DOB: ___/___/___

School: _____ Grade: _____ Graduation Year: _____

E-mail: _____

Cell Phone: _____ Home Phone: _____

By sharing this #, consent to receive text messages is assumed

Adult Shirt Size: Small Medium Large X-Large XX-Large

Mother's Name: _____ Father's Name: _____

Parents' E-mail: _____

Cell Phone: _____ Home Phone: _____

By sharing this #, consent to receive text messages is assumed

PERMISSION

I/we, the parents or guardians of the above-mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above-mentioned event on the above written date.

MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in this event, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Catholic Institute or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Parent/Guardian Signature

Parent/Guardian Phone Number

Insurance Company

Policy Number

Name and Phone Number of Person if Parent/Guardian is not available

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CONSENT TO TREAT

I/We the undersigned parent(s)/guardian of _____, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

Parent/Guardian

Date

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. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes.

- 1) **Medications:** my child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.

Parent/Guardian

Date

- 2) I hereby grant permission for nonprescription medication (such as Tylenol ©, throat lozenges, cough syrup, etc.) to be given to my child, if deemed advisable.

Parent/Guardian

Date

- 3) No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required

Parent/Guardian

Date

Any known allergies? _____

Any physical limitations? _____

Any medically prescribed dietary needs? _____ Vegetarian? Yes No

Any chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? Yes No

Any special concerns? _____

PHOTO RELEASE

I give permission for my child's picture to be used in diocesan print and/or electronic media.

Parent/Guardian

Date