

Emergency Contact Person (in the event the parent(s) cannot be notified)

Name: _____ Relation: _____ Phone #: _____

- A. The undersigned represent that they are the parents or legal guardians of Participant and have full authority under law to sign this document.
- B. Parents grant their permission for Participant to enroll and participate in the Event.
- C. Parents acknowledge and agree that:
 - (1) Participant and Parents voluntarily seek to participate in the Event;
 - (2) the Event may involve physical activity that involves risk of injury;
 - (3) Participant and Parents will abide by all policies and rules established for Event and instructions of those persons facilitating, organizing, or overseeing the Event;
 - (4) Parents and Participant are responsible for Participant's conduct during the Event and are responsible for any damages, claims, or other costs caused by Participant or incurred as a result Participant's conduct; and
 - (5) if Participant's conduct is inappropriate, unsafe or detrimental to the Event, other participants or other persons, Parish/School or the Diocese may be suspend or expel Participant from the Event and future Events.
- D. In the event of an emergency or a situation that is reasonably considered to be an emergency, Parents authorize the Parish/School and the Diocese to seek and authorize emergency medical care to be given to Participant. The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such emergency care.
- E. Parents grant Parish/School and the Diocese permission:
 - (1) to photograph and video tape Participant during the Event; and
 - (2) to use the photographs and video tapes in publications and promotions of the Parish/School and the Diocese, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.
- F. To the extent permitted by law, Parents, for themselves and for Participant, release and agree to indemnify and hold harmless the Parish/School, the Diocese, and the Transportation Provider from any and all liability, claims, demands, and costs which may arise as a result of Participant's participation in the Event or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. Parents and Participant assume all risk of injury or loss to themselves or their property.

Parent/Guardian Signature: _____ Date: _____



St. Catherine Parish
Parroquia de Santa Catalina

St. Catherine Summer Challenge II (SC²) 2018 Middle School Youth Leadership Camp July 29-August 3, 2018

REGISTRATION Emergency Medical Information and Release Form

Event: St. Catherine Summer Challenge II—Youth Leadership Camp (SC²)

Morning Leadership Camp Location: St. Catherine Church, 17400 Peak Ave Morgan Hill

Afternoon Service Hours Locations: To be determined

Parish/School: St. Catherine of Alexandria, Morgan Hill

Diocese: Diocese of San Jose

Transportation Provider: Adult Team Leader – to be determined.
Notice of name of Adult Team Leader will be sent before July 13, 2018

Participant: (name) _____

Parents: (names) _____

Grade entering in Fall 2018: _____ Age: _____

Address: _____ City: _____

Home #: _____ E-mail address: _____

Mother Cell #: _____ Father Cell #: _____

_____ I am available to volunteer for Summer Challenge II 2018! Please contact me!

Please circle T-shirt size: Child Medium Adult S M L XL

Does your child have a medical condition or food allergy? Y N

If yes, please explain: _____

Doctor's Name: _____ Doctor's Phone #: _____

Insurance Company: _____ Policy #: _____