

**MSYE Events Registration form**

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_ \*Cost: \_\_\_\_\_

Best way to contact you with updated event info? call \_\_\_\_\_ text? \_\_\_\_\_ email \_\_\_\_\_

**PARTICIPANT'S INFORMATION:** (please print)

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

Parent phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Parent email: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

GENDER:            MALE            FEMALE  
School/ Grade: \_\_\_\_\_

PARISH: \_\_\_\_\_

Worship Site: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

**MEDICAL INFORMATION:**

DOCTOR: \_\_\_\_\_

DOCTOR PHONE #: \_\_\_\_\_

INSURANCE CO.: \_\_\_\_\_

POLICY #: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

PARTICIPANT'S ALLERGIES (including meds and food):  
\_\_\_\_\_  
\_\_\_\_\_

PARTICIPANT'S CHRONIC MEDICAL PROBLEMS (e.g. diabetes):  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT MEDICATION BEING TAKEN:  
\_\_\_\_\_  
\_\_\_\_\_

**WAIVER:**

I, \_\_\_\_\_, the undersigned, request permission for myself/my child to attend this event to be held at the location specified. I understand this event will take place under the guidance and supervision of responsible employees/volunteers from the Diocese of Portland and if needed, give permission for myself/my child to be evaluated, diagnosed, treated/medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Diocese of all responsibility and consequences that may arise because of this treatment. I will not hold the Diocese, chaperones, or representatives associated with this event responsible in the event of injury. If I cannot be reached in case of an emergency I give permission for the parish group leader to act on my behalf. Further, I agree to accept any and all financial responsibility because of scheduling such care.

I/my child agrees to abide by all the rules as outlined in the Code of Behavior/Ethics. The Diocese will not be liable if myself/my child fails to cooperate with said rules and any infractions may result in immediate dismissal from this event. I will accept responsibility for costs for immediate transportation home. I understand that I am legally responsible for the behavior of myself/my child.

SIGNATURE/LEGAL GUARDIAN: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

***Please return this registration form with payment to Angela Goulette at St. Michael Parish Pastoral Center 24 Washington St., Augusta ME 04330 623-8823 FAX: 623-7574 Make checks payable to: St. Michael Parish (\*Financial aid available upon request.)***

***Photography Waiver***

I give permission to have the child listed on this form photographed for various events throughout the year. Photos may be used in promotional and informational material about Faith Formation at St. Michael Parish.

SIGNATURE/LEGAL GUARDIAN: \_\_\_\_\_