

Student Registration Form

(To be given to parish youth minister, DRE or parish coordinator)

Please print clearly

Your Name _____

Address _____

City, State, Zip _____

Home Phone _____ Your Cell Phone _____

Your age _____ Your grade _____ Male _____ Female _____

Parish: _____ City: _____

Emergency Contact:

Name _____

Relationship to youth: _____

Home Phone _____ Cell Phone: _____

Parish Group Contact/Leader _____

PARENT PERMISSION FORM FOR DIOCESAN EUCHARISTIC CONGRESS YOUTH RALLY

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school/parish premises. This activity will take place under the guidance and supervision of employees from _____ School and/or Parish.

Name of Event: Diocesan Eucharistic Congress Youth Rally 2019

Destination: St. Mary Catholic Church (939 Charlotte Ave., Kalamazoo, MI 49048)

Designated Supervisor of Activity:

Date and Time of Departure:

Method of Transportation:

Student Cost:

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*****STATEMENT OF CONSENT*****

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this youth event, I hereby agree on behalf of myself and my child, to release _____ School and/or Parish, the Roman Catholic Diocese of Kalamazoo, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the youth rally. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the youth rally. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

With my signature I hereby grant permission to the Diocese of Kalamazoo to publish my child's name, photo or video image in connection with a feature story, or other publication as deemed appropriate by the Diocese.

(Print Parent's/Legal Guardian's Name)

(Parent's/Legal Guardian's Signature)

(Date)

Please return this entire form by: _____ to _____
(Date) (Person)

MEDICAL TREATMENT AUTHORIZATION

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Minor's Date of Birth: _____ Age: _____ Home Phone _____

Reason for which release is intended:

Address of Minor: _____ City: _____

Emergency Contact: _____ Relationship to Minor: _____

Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medications, contacts, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____

(Parent or Guardian)