

Red Stick Catholic Fest

Individual Registration Packet

Participant's name: _____ Date of Birth ____/____/____

Sex: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____ T-Shirt Size: _____

Parent/Guardian's Name: _____

Parent/Guardian's Email: _____

Parent/Guardian Primary Phone: _____ Secondary Phone: _____

Group/Parish Name: _____

Group Leader Name: _____

PARENT/GUARDIAN LIABILITY WAIVER

I, _____ (Parent/Guardian name) grant my permission for my child, _____ to attend the Red Stick Catholic Fest on **October 30, 2021** at St. John Evangelist Catholic Church located in Prairieville, La. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Red Stick Catholic Fest, its officers, directors, employees and agents, and the Diocese of Baton Rouge, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Catholic Diocese of Baton Rouge, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury, or damage, unless such claim arises from the negligence of the parish/diocese.

I have read, and my child agrees to abide by all the rules and regulations as listed on the "**Red Stick Catholic Fest 2021 Policies and Procedures**" form as they are enforced by the Festival staff. I understand that **Catholic Diocese of Baton Rouge** will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the **Red Stick Catholic Fest** at my expense.

Signature: _____ Date: _____

MEDICAL RELEASE

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 that are applicable.) If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. In the event of an emergency, I hereby give my permission to transport my child to a hospital for emergency medical or surgery treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Emergency Contact’s Phone: _____

Family Physician/Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____

MEDICATIONS

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

MEDICAL INFORMATION

Allergy reactions (medications, food, plant, insects, etc.): _____

Does child have any medically prescribed diet? _____

Any physical limitations? _____

You should be aware of these special medical conditions of my child: _____

COVID-19 POLICY

I understand that my child is unable to attend Red Stick Catholic Fest if he or she has tested positive for COVID-19 within 10 days prior to the event or is experiencing symptoms of COVID-19 and/or is running a fever within 24 hours prior to the event. If my child is experiencing symptoms of COVID-19 or is running a fever during the event, they will need to be transported offsite at my expense.

Signature: _____ Date: _____

PHOTO RELEASE

I, _____, hereby grant and authorize the Catholic Diocese of Baton Rouge the right to take, edit, alter, copy, exhibit, publish, distribute, and make use of any and all pictures or video taken of my child, _____, to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits, submissions to journalists, websites, social networking sites, and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats, and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of the Catholic Diocese of Baton Rouge and will not be returned.

I hereby hold harmless, and release the Catholic Diocese of Baton Rouge from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

Signature _____ Date _____

DISCLAIMER:

All Individual Registration Forms must be completed and turned in to your Parish Group Leader by **October 15, 2021**. If the form is submitted after **October 15th**, I understand I may not receive a conference T-Shirt.

Red Stick Catholic Fest
Catholic Diocese of Baton Rouge
Attn: Youth & Young Adult Office
1800 S. Acadian Thwy. Baton Rouge, La 70808