

Saint Kateri Tekakwitha Joyful Noise Registration Form



Parent/Guardian Name (PLEASE PRINT): _____

Address: _____

Father's Cell Phone: _____ Mother's Cell Phone _____

Email address: _____

Any other Adult accompanying child to Mass: _____

Phone/Cell: _____

Address: _____

Relationship: _____

Doctor for Emergency: _____ Phone/Cell: _____

Address: _____

1st Child's Name: _____ Gender _____ Birthdate _____ Age _____

Special Medical Conditions or Allergies: _____

2nd Child's Name: _____ Gender _____ Birthdate _____ Age _____

Special Medical Conditions or Allergies: _____

3rd Child's Name: _____ Gender _____ Birthdate _____ Age _____

Special Medical Conditions or Allergies: _____

4th Child's Name: _____ Gender _____ Birthdate _____ Age _____

Special Medical Conditions and Allergies: _____

Procedures to be followed (*Guardian cannot be contacted in an emergency*):

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature: _____ **Date:** _____