

Sample Permission & Registration form

Name of parish or ministry

Last Name _____ First Name _____

Address _____ City/State/Zip _____

Phone _____ Cell phone _____ Birth date _____

Parent/Guardian _____ home phone _____ alternate phone _____

Parent/Guardian _____ home phone _____ alternate phone _____

Person to be notified in case Parent/Guardian cannot be reached _____ phone _____

Participant medical Information

Health Insurance Company _____ Policy # _____

Insured's name _____ Relationship _____

Allergies/medical conditions _____

Required medications _____

Dietary needs/restrictions _____

Check the box if you give permission for photographs or video footage of my child to be used by the Parish

Please read and sign the following:

As a parent/guardian, I hereby give permission for the designated youth to attend the Diocesan Convention in the Diocese of Western Michigan and to participate in all the activities and follow all rules set forth by the Diocesan office. If my child breaks a rule and needs to be sent home, I will arrange for transportation immediately.

As a youth or young adult, I agree to follow all rules set for by this parish.

List rules and norms

I give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

I agree to hold this parish and any associated agencies and persons free and waive any claims for payment of accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activity.

Participant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____