

St. Aloysius Catholic Church Information and Release Form

Tubing Adventure 2012

July 26 - 28, 2012

Luray, VA

Youth Name		2012-2013 Grade	Date of Birth		
Youth Contact Information (Indicate only those desired)					
Home Phone:		Address:			
Email:		City, Zip Code:			
Medical Conditions & Needs (e.g.—allergies, asthma, medications, etc.)					
Parent/Emergency Contact Person 1		Parent/Emergency Contact Person 2			
Name:		Name:			
Relationship to Youth:		Relationship to Youth:			
Home Phone:		Home Phone:			
Cell Phone:		Cell Phone:			
Work Phone:		Work Phone:			
Medical Insurance Information ** (Please attach a copy of the front & back of insurance card) **					
Company Name:		Company Phone Number:			
Policy Number:		Company Address:			

Parent/Adult Participant: I, the undersigned, give my permission for my child, written above, to attend the activities printed above on the dates noted above. In consideration of the benefits to be derived, and in view of the fact that St. Aloysius is a religious institution, membership in which is voluntary, I hereby agree to the participation of my child in the activity named above. I exempt and release the leaders of this activity and the representatives of St. Aloysius Parish and the Archdiocese of Washington from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any harm, or injury to my child/myself incurred during the course of this activity whether such harm or injury results from the negligence of the leaders of this activity or of the representatives of St. Aloysius or from some other cause. I will not hold St. Aloysius Parish, its agents or the Archdiocese of Washington, chaperones, or representatives associated with the activity responsible in the event of injury.

Parent: In the event that I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated in accordance with the standard medical practice by licensed medical personnel. In the event that a medical emergency occurs with my child, I grant permission to a St. Aloysius Parish leader to ensure emergency medical treatment for my child if I cannot be contacted. Minor medications (e.g., Tylenol, Advil, Benydril, allergy medications, Immodium, antacids, etc...) may be administered to my child by a St. Aloysius adult leader. I relieve St. Aloysius Parish, its agents and the Archdiocese of Washington of all responsibility and consequences that may arise as the result of the emergency treatments or administration of minor medications. Furthermore, I agree to accept any and all financial responsibility as a result of scheduling/receiving such treatment. **My child agrees to abide by all rules and regulations.**

Parent Signature _____ **Date** _____