

Catholic Archdiocese of Atlanta
St. Peter Chanel Catholic Church
2011 Registration Form
Parental / Guardian Consent Form and Liability Wavier

Name of Participant: _____

Sex _____ Date of Birth _____ Age _____

Parent / Guardian's Name _____

Address: _____

Home phone #: _____ Email Address: _____

Work # _____ Cell # _____

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that will take place at Cove Crest in Tiger, GA. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

Type of Event: **Spiritual**

Destination of Event: **St. Peter Chanel**

Individual in Charge: **Megan Kyle**

Transportation: **Day-trip bus**

Cost: **\$90**
(includes food, lodging, t-shirt, retreat supplies, day-trip transportation)

Start Date/Time: **Friday 2/18/11 –SPC at 6:00pm.**

End Date/Time: **Sunday 2/20/2011 - SPC at 1:30pm.**

Bring: sleeping bag, air mattress, towel, toiletries, rosary, warm clothes, tennis shoes

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Peter Chanel, its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I / We hereby grant permission for publication of group (two or more persons) photo taken at youth events.

Signature of Parent / Guardian _____ Date _____

You must submit an Away Trip Medical Release available on www.stpeterchanel.org or on the back.

I can chaperone. I can help cook/serve.

Best way to reach me: _____

**Catholic Archdiocese of Atlanta
St. Peter Chanel Catholic Church ~ Annual Medical Release**

Name of Student: _____ **Date of Birth:** _____

Address: _____

EMAIL _____ **Home phone #:** _____

Participant's Social Security Number: _____ (Required for treatment in most hospitals.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

Name & Relationship: _____

Phone#: _____ **CellPhone #** _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Insurance Carrier: _____

Name of Policy Holder: _____ **Relation to participant:** _____

Insurance Policy Number: _____ **Group Number:** _____

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

Father/Guardian's full name: _____

Phone #: _____

Home address: _____

Place of business/address: _____

EMAIL _____ **Phone #:** _____

Mother/Guardian's full name: _____

Phone #: _____

Home address: _____

Place of business/address: _____

EMAIL _____ **Phone #:** _____

Please complete and sign both sides.

Name of Participant: _____

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION/NOTE SHOULD BE ATTACHED TO THIS FORM.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug allergies: _____

Other allergies/reactions (food, plants, insects, etc.): _____

List any other health problems/limitations that we need to be aware of: _____

Signature of Parent/Guardian: _____ Date: _____

(This Medical Release is good for the period of one year, beginning _____ and ending _____)

___ I have included a copy (both sides) of my Medical Insurance Card
