

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ zip code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ T shirt size: \_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_ Parishioner or Friend \_\_\_\_\_

Contact Email: \_\_\_\_\_ Texts OK?: \_\_\_\_\_

Father/Guardian's full name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Texts OK?: \_\_\_\_\_  
(If different from Above)

Home address: \_\_\_\_\_  
(If different from Above)

Mother/Guardian's full name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Texts OK?: \_\_\_\_\_  
(If different from Above)

Home address: \_\_\_\_\_  
(If different from Above)

**Alternative contact if unable to reach parent/guardian in the event of emergency:**

Name & Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Policy: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance is provided by which parent and/or place of employment? \_\_\_\_\_

Address and Phone Number of Insurance Company: \_\_\_\_\_

**A photocopy of the Medical Insurance / Pharmacy Card must be submitted with the form.**

Family physician name \_\_\_\_\_ Phone \_\_\_\_\_

Date of the last Tetanus Booster \_\_\_\_\_

Medication (and dosage) my son/daughter is currently taking (if more space is needed use the back side of this form):

\_\_\_\_\_

**Include any instructions related to the medication including amount and timing dosages**

Other special considerations to be aware of (e.g.: allergies, medical conditions, vegetarian/food issues etc...)

**In signing, I agree to abide by any / all policies and rules established for this event / activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.**

**Basic rules / expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical, sexual activity; appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).**

Participant signature: \_\_\_\_\_