

Event Name: _____

Event Location: _____

Event Date: _____

Event Time: _____

Name: _____ T-Shirt size: _____

(for retreats only)

Address: _____ Phone: _____

Birth date: _____ Age: _____ Grade: _____ School: _____ Gender: _____

Parish: _____ E-mail _____

Permission

I/we, the parents or guardian of the above mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above mentioned event, on the above written dates.

Medical Authorization

In the event of any injury or illness to my/our child during his/her participation in this event, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child.

I/we agree that in the case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to St. Louise de Marillac Parish, the Catholic Institute, or the Roman Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Father/Legal Guardian Signature: _____ Date: _____

Mother/Legal Guardian Signature: _____ Date: _____

Consent to Treat

I/we the undersigned parent(s)/guardian of _____, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

Father/Legal Guardian Signature: _____ Date: _____

Mother/Legal Guardian Signature: _____ Date: _____

Parent/Guardian Phone Number in case of emergency: _____

Insurance Company _____ Policy # _____

If parent cannot be contacted, alternate: _____

Please note any Medication your child is currently taking: _____

Please note if there are food allergies or other allergies we should be aware of:

Only fill this page out if you have never filled it out before.

Publicity Release Authorization

Permission is hereby granted to **St. Louise de Marillac Parish** of the Diocese of Pittsburgh to use voice recordings, photographs, video, and quotations of the above mentioned child to assist in its community awareness, educational efforts, and related public relations purposes. In exchange for the opportunity to participate in the community awareness programs; educational efforts, and related publicity endeavors of St. Louise de Marillac Parish, I hereby agree to indemnify and hold harmless (St. Louise de Marillac Parish, the Diocese of Pittsburgh), their agents, servants and employees from any and all claims, demands, and/or causes of action of whatever kind or nature arising from the use of voice recordings, photographs, video, and quotations. I further agree that I waive any right to compensation, fee, or royalty for myself, my successors, heirs, or assigns for the production or use of the aforesaid materials.

Signature of Participant: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Relationship to child: _____