

**LUKE 18 REGISTRATION/PERMISSION FORM**

**PARISH: SAINT ALBAN ROE**

**PARISH ORGANIZATION: YOUTH MINISTRY**

**DATES: FEBRUARY 15-17, 2019**

**COST: \$75.00 Must be paid with application. CHECKS MADE PAYABLE TO ST. ALBAN ROE due by January 31, 2019**

**PARTICIPANT'S INFORMATION**

Name: \_\_\_\_\_ MALE/FEMALE  
Last, First, Middle

Email: \_\_\_\_\_ T-Shirt Size (adult sizes): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**MEDICAL HISTORY**

Allergies (Specifically Food Allergies): \_\_\_\_\_

Will your child be taking prescription medication at the time of the event? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, can your child be responsible for taking his/her own medication? \_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, you must contact the Parish Office at 636-458-2977.

PARTICIPANT MUST HAVE A COPY OF HIS/HER MEDICAL INSURANCE CARD AT ALL TIMES.

**Special Needs:**

**PARENTS/GUARDIAN**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Emergency Contact Name (other than parents): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Interested in helping with Food: YES/NO

Interested in providing a Sleep House: YES/NO

**AGREEMENTS**

- As the parent or guardian of the above named Participant, by signing this form, I hereby state that the information included in this form is correct and give permission for Participant to participate in the above named activity .
- I understand that my child will be under the supervision of the Archdiocese of St. Louis staff and volunteers.
- I recognize that there are risks inherent in participation in any activity and agree to hold the Archdiocese of St. Louis, its affiliates and its and their employees, volunteers and agents, harmless from any injury to my child or damage to or loss of personal property of my child not caused by the negligence or misconduct of the Archdiocese of St. Louis, its affiliates and its and their employees, volunteers and agents.
- In the case of a medical emergency, I understand that every effort will be made to contact me, but in the event that I cannot be reached, I hereby give permission for my child to be evaluated, diagnosed and treated in accordance with standard medical practice by licensed medical personnel.
- I hereby give permission to the Archdiocese of St. Louis to use any photographs or video footage taken of my child in print and on their website for promotional purposes.
- I understand that for all Youth Ministry activities there is a zero tolerance policy for the use of any mood altering chemicals (including alcohol and illegal drugs), foul language, threats or any type of abuse and inappropriate physical contact. I agree that all property of St. Alban Roe will be respected, and I will be respectful to parishioners who offer their homes for Sleep Houses and the property of their homes. I agree to follow these policies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

