

*Complete one time per year

Personal Information

Last Name:

First Name:

Cell Phone: _____ Texting: Yes No

Email:

Home Address:

City: _____

State: _____ Zip: _____

Birth Date (mm/dd/yyyy): _____

Year of Graduation: _____ School: _____

Parents/Guardians

names: _____

Phone #:

Email:

Emergency Information

Health Insurance:

Policy Number:

Family Physician: _____

Phone: _____

List current food and medication allergies, medications and medical conditions:

All medication (prescription and over-the-counter) to be taken by your child during this event must be turned into the Society leaders at the time of arrival, with full instructions indicated above. All medications will be stored in labeled Ziploc bags and in a lock box. **Medication can only be given in original bottles with original pharmaceutical tag that includes name, directions, etc.**

Permission to give over-the-counter medication?

_____ Yes _____ No

I hereby consent to participation by my child in the Maria Goretti Society. In consideration of my child being allowed to participate in this society, I hereby agree on behalf of myself and my child, to release Maria Goretti Society and The Roman Catholic Diocese of Kalamazoo, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releases"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the Maria Goretti Society. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the Maria Goretti Society. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

The participant agrees not to transmit, distribute or sell (or aid in transmitting, distributing, or selling) any description, account, picture, video, audio, or other form of reproduction of this society (in whole or in part). The participant grants permission to Maria Goretti Society and the Diocese of Kalamazoo to publish photos of my daughter on the society website, Facebook, Twitter, Instagram, and society publications for the sole purpose of communicating the activities and programs of the society and diocese. I understand that only my child's first name will be used if captions are listed with photos.

As a parent/guardian, I do hereby authorize the treatment by a qualified ad licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me. I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility. This authorization is completed and signed of my own free will with the purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date