

Combined Registration, Consent & Health Form

**UNDER 18 MUST CONTINUE BELOW AND HAVE FORM SIGNED BY
PARENT/GUARDIAN.**

DIOCESAN YOUTH DAY April 30, 2016

Please Note: Your signature at the end indicates your consent and acceptance of the provisions included in this document.

Name: _____
Parish/School _____ City _____
Sex: _____ Date of Birth: _____ Home Phone () _____
Mailing Address: _____
City, State & Zip _____
Emergency Contact/Phone No.: _____

Adults over 18 fill in above box only.

RELEASE AND HOLD HARMLESS – to be completed by parent or guardian of minor (youth under age 18)

As parent or guardian for _____, I hereby grant permission for him or her to participate in **DIOCESAN YOUTH DAY 2016** at **St John’s University**. I understand that participation in this activity may involve some risks despite the best efforts of the diocesan and parish/high school adult leaders and volunteers to supervise the participants and I agree to pay for any damages my child may incur or cause. I agree to hold the high schools, the parishes, the Diocese of Brooklyn and all of their employees or volunteers harmless from any and all liability however caused which may result from my child’s participation in the event and/or traveling to and from the program. I give permission to have my child’s photo taken during the event to be used for publicity purposes by the Diocese of Brooklyn.

I authorize the diocesan and parish/high school adult leaders and volunteers involved with this trip to obtain any emergency medical treatment which my child might require in connection with this activity.

HEALTH INFORMATION – to be completed for all youth

Family Health Insurance Co.: _____ Policy No. _____

Physician or Clinic: _____ Phone: _____

Physician/Clinic Address: _____

Allergies: Please attach a statement noting all known allergies including how the child has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your child in case of need.

SIGNATURE OF PARENT OR GUARDIAN OF MINOR (YOUTH UNDER AGE 18)

I certify that the above information is correct and give permission for my son/daughter to participate in the Diocesan Youth Day. I also grant permission for the release of my child’s medical records to an attending physician in case of illness. I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in the Diocesan Youth Day.)

Parent/Guardian’s Name (Please print) _____

Signature: _____ Date: _____

Return to: Your parish/school contact person. Contact person will then send all parish-school forms together, including donation/registration fee, to the School of Evangelization, Office of Faith Formation by March 31, 2016

Mr. Paul A. Morisi, Coordinator of Adolescent and Young Adult Faith Formation
*School of Evangelization,
Office of Faith Formation
Diocese of Brooklyn
310 Prospect Park West
Brooklyn, NY 11215*