



VOCATION OFFICE
DIOCESE of BROOKLYN

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Registration and Permission Form

JEREMIAH PROJECT

Sept 30-Oct 1, 2016	Mar 3-4, 2017
Nov 4-Nov 5, 2016	Mar 31-Apr 1, 2017
Feb 3-4, 2017	May 5-6, 2017

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

Student's Name: _____

School: _____ Grade: _____ City: _____

Email: _____ Date of Birth: ____/____/____

Home Phone: () _____ Cell phone:() _____

Mailing Address: _____

City, State & Zip _____

Home Parish: _____ City: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: () _____ Cell phone # () _____

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 my son to participate in the Jeremiah Project on any and all of the dates listed above.

I understand that participation in this event may involve some risks despite the best efforts of the diocesan leaders to supervise the participants. I agree to pay for any damages my son may incur or cause. I agree to hold the Diocese of Brooklyn and all of their employees or volunteers harmless from any and all liability however caused which may result from my son'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 leaders involved with this event to obtain any emergency medical treatment, which my son might require in connection with this activity.

HEALTH INFORMATION: *to be completed by parent or guardian for youth under age 18*

Family Health Insurance Co. _____ Policy No. _____

Physician or Clinic: _____ Phone: _____

Physician/Clinic Address: _____

Immunization: Please provide date of latest tetanus immunization: _____

Allergies: Please attach a statement noting all known allergies, including how your son has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your son 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 child to participate in the Jeremiah Project. I also grant permission for the release of my son'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.

Parent/Guardian's Name *(Please Print)* _____

Signature: _____ Date: ____/____/____