

<b>REGISTRATION</b>
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Name of Event

Date(s) of Event

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Name

Age

Sex

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Address

City

State

Zip

Phone

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School

Grade

Birthdate

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Parish

E-mail

**REGISTRATIONS MUST BE IN 7 DAYS PRIOR TO THE DATE OF THE EVENT**

<b>PERMISSION</b>
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I/we, the parents or guardians 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.

<b>MEDICAL AUTHORIZATION</b>
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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 case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

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Parent/Guardian Signature

Parent/Guardian Phone Number

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Insurance Company

Policy Number

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Name and Phone Number of Person if parent/guardian is not available

**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

\_\_\_\_\_  
Mother/Legal Guardian

Date: \_\_\_\_\_. This consent form will remain effective until \_\_\_\_\_.

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes...

1) **Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2) I hereby grant permission for nonprescription medication (such as Tylenol©, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3) No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any known allergies?: \_\_\_\_\_

Any physical limitations?: \_\_\_\_\_

Any medically prescribed dietary needs?: \_\_\_\_\_

Are you a vegetarian?    YES    NO

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting?    YES    NO

If yes explain: \_\_\_\_\_