

Registration Form

form required for EVERY participant, regardless of age

Name of event: Trip to Washington DC - leaving January 26, 2017 and returning January 27, 2017

Check one: Adult Minor

Name _____

Birthdate: _____ Phone _____ Cell Phone: _____

Date signed _____ Email: _____

For Adult:

Adult Signature (print) _____

Adult Signature (sign) _____

For Minor:

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Address _____ City _____

Emergency Phone: Home _____ Work _____

If adult or parent/legal guardian is not available in an emergency, contact:

Name _____ Phone _____

Please list any allergies. Include medications, foods, etc. _____

I hereby Grant Do NOT grant (please choose one)

permission for Immaculate Conception Parish, Willoughby, OH to use my picture on the Immaculate Conception Website (immaculate.net), Facebook, bulletin, newsletter and other media

For Adult:

Adult Signature (print) _____

Adult Signature (sign) _____

For Minor:

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Medical Release Form

form required for EVERY participant, regardless of age

Name of event: Trip to Washington DC - leaving January 26, 2017 and returning January 27, 2017

For Adult:

I, _____

For Minor:

I (we), the undersigned parent(s) or guardian(s) of _____ a minor,

do hereby authorize adult volunteers of Immaculae Conception as agent for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital.

I further release from any liability Immaculate Conception Church in Willoughby, Ohio and any of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date signed _____

For Adult:

Adult Signature (print) _____

Adult Signature (sign) _____

For Minor:

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Address _____ City _____

Emergency Phone: Home _____ Work _____

Health Insurance Company _____

Policy or Group Number _____ Phone _____

If adult or parent/legal guardian is not available in an emergency, contact:

Name _____ Phone _____

Please list any allergies. Include medications, foods, etc. _____

Does participant have any medical or special needs, including medications currently being used?

No _____ Yes _____ If yes, please explain. _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Date of last tetanus shot _____ Birth Date _____