

PARTICIPANT'S INFORMATION: (please print)

LAST NAME: _____

FIRST NAME: _____

PHONE #: _____

EMAIL: _____

BIRTH DATE: _____

GENDER: MALE FEMALE

MEDICAL INFORMATION:

DOCTOR: _____

DOCTOR PHONE #: _____

INSURANCE CO.: _____

POLICY #: _____

CARDHOLDER'S NAME: _____

PARTICIPANT'S ALLERGIES (including meds and food):

EMERGENCY CONTACT INFORMATION:

CONTACT NAME: _____

RELATIONSHIP: _____

HOME PHONE #: _____

CELL PHONE #: _____

CONTACT NAME: _____

RELATIONSHIP: _____

HOME PHONE #: _____

CELL PHONE #: _____

WAIVER:

I, _____, the undersigned, give permission for my child to participate in community service projects coordinated by St. Bartholomew's Parish. I understand that events will take place under the guidance and supervision of responsible employees/volunteers from the parish and if needed, I give permission for my child to be evaluated, diagnosed, treated/medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish, diocese and volunteer leaders of all responsibility and consequences that may arise because of this treatment. I will not hold the parish, diocese or representatives associated with events responsible in the event of injury. If I cannot be reached in case of an emergency I give permission for the parish group leader to act on my behalf. Further, I agree to accept any and all financial responsibility in coordinating such care.

My child agrees to abide by all the rules as outlined in the Code of Behavior/Ethics. The parish and diocese will not be liable if my child fails to cooperate with said rules and any infractions may result in immediate dismissal from an event. I will accept responsibility for costs for immediate transportation home or to medical care if needed. I understand that I am legally responsible for the behavior of my child.

I hereby grant to the diocese and my parish consent without reservation to use, assign, convey, reproduce, copyright, publish my/my child's name, voice, image, and/or likeness that arises from my/his/her participation in events, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at the parish's sole discretion.

I hereby grant St. Bartholomew's, St. John/Holy Cross and St. Maximilian Kolbe permission to contact my child through email, text, phone or social media to arrange community service projects. Group chat, email chains and all social media communication will be for the purpose of communicating service projects or information about said projects. Social media accounts and group communication between members, volunteers and employees are open monitored communications.

Parents and guardians are responsible for transportation to and from service projects. All carpooling will be arranged by parents and not the responsibility of St. Bartholomew's, St. John/Holy Cross employees or volunteers.

Member/Youth's Name: _____

SIGNATURE/LEGAL GUARDIAN: _____

PRINTED NAME: _____

DATE: _____