

Winter 2019 Lock-in Retreat Registration Form
January 26 - January 27, 2018

First and Last Name _____

Parish _____

Youth or Adult _____

Participant email _____

Participant Cell Phone _____

Home Phone _____

Address _____

Address 2 _____

City, State, Zip _____

Participant Grade _____

Parent/Guardian Name _____

Parent/Guardian Cell _____

Parent/Guardian email _____

Emergency Contact _____

Emergency Contact Phone _____

Emergency Contact Relation _____

Health Insurance Company _____

Policy Number _____

ID Number _____

Family Physician _____

Physician Phone _____

Last Tetanus Shot _____

Are you currently under the care of physician or on prescribed medications? _____

Are you currently being treated by a physician for a chronic condition? _____

Please indicate any special medical problems, dietary needs or allergies _____

Winter 2019 Lock-in Retreat Liability Form January 26 - January 27, 2018

I request that I [my son/daughter] participate in the winter Lock-in Retreat at St. Vincent de Paul Parish, JPPII Center for value received. I agree [on behalf of myself, my child's other parent (name of parent) _____ and my child] to identify St. Vincent de Paul Parish, the Diocese of Patterson, their representatives, employees, agents and assigns (including staff, chaperones, volunteers and adult supervisors) (collectively, "Retreat Sponsors") in any action or demand arising out of my [child's] actions, including reimbursement for reasonable attorney's fees and expenses arising in connection with such action or demand.

I acknowledge that the Winter 2019 Lock-in Retreat at St. Vincent de Paul Church may entail games and opportunities for my child to participate in physical and recreational activities. I acknowledge that there are inherent risks in these activities. I specifically waive any and all claims of any nature I may have against the Retreat Sponsors relating to or arising out of the above-described activities including claims that may be derived from any accident or injury I [my son/daughter] may sustain en route to, during, and or returning from the retreat.

MDICAL: I hereby warrant that to the best of my knowledge, I am [my son/daughter is] in good health, and I assume all responsibility for my [son/daughter's] health. I understand that the Retreat Sponsors are NOT permitted to dispense medication without permission. Should emergency medical treatment be necessary, and I am unable to be contacted immediately, I authorize the delegated agents of the Retreat to act on my behalf and approve appropriate treatment.

_____ I consent to photographs, video or other media where I am [my son/daughter is] portrayed to be used in connection with this event or for promotional purposes by the Retreat Sponsors, including by internet or print publication, although I [my son/daughter] shall not be identified in any publication without prior approval.

_____ I do not consent to photographs or other media where I am [my son/daughter is] portrayed to be used if I am [my son/daughter is] easily and clearly identifiable in it. I understand that by checking this box I may prevent the Retreat Sponsors from using media solely because it contains images where I am [my son/daughter is] shown.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Please fill out this form, sign it and return it to the parish office