

# Combined Registration, Consent & Health Form

***ALL PILGRIMS UNDER 18 MUST CONTINUE BELOW AND HAVE FORM SIGNED BY A PARENT/GUARDIAN.***

## **EVENT NAME**

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

Name: _____
Parish/School _____ City _____
Sex: _____ Home Phone ( ) _____
Mailing Address: _____
City, State & Zip _____
Emergency Contact/Phone Number: _____

**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 him or her to participate in **EVENT NAME**. I understand that participation in this activity may involve some risks despite the best efforts of the diocesan and parish/high school adult leaders and volunteers to supervise the participants and I agree to pay for any damages my child may incur or cause. I agree to hold the high schools, the parishes, the Diocese of Brooklyn and all of their employees or volunteers harmless from any and all liability however caused which may result from my child'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 and parish/high school adult leaders and volunteers involved with this trip to obtain any emergency medical treatment which my child might require in connection with this activity.

**HEALTH INFORMATION** – to be completed for all youth

Family Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician/Clinic  
Address: \_\_\_\_\_

Allergies: Please attach a statement noting all known allergies including how the child has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your child 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 son/daughter to participate in **EVENT NAME** I also grant permission for the release of my child'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. (Your signature must appear below or your child will not be permitted to participate in **EVENT NAME**).

Parent's/Guardian's Name (Please PRINT): \_\_\_\_\_

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

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

**RETURN TO:** Your group leader. **ENTER LEADER FULL NAME AND ADDRESS WHERE TO RETURN FORM**