



## Diocese of Cheyenne Adult Participant Form

Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

### PARTICIPANT INFORMATION

NAME OF PARTICIPANT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DOES THIS PHONE RECEIVE TEXTS?: YES OR NO

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARISH: \_\_\_\_\_

EMERGENCY CONTACT:

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### PARTICIPANT HEALTH INFORMATION

HEALTH PROBLEMS AND/OR ALLERGIES: \_\_\_\_\_

SPECIAL TRAVEL/MOBILITY NEEDS: \_\_\_\_\_

MEDICATION AND DOSAGE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY # \_\_\_\_\_

POLICY HOLDER'S NAME: \_\_\_\_\_

### SAFE ENVIRONMENT INFORMATION

\_\_\_\_\_ I HAVE COMPLETED THE DIOCESE OF CHEYENNE SAFE ENVIRONMENT PROGRAM  
\_\_\_\_\_ IF DRIVING TO THE EVENT, I HAVE BEEN CLEARED BY THE DIOCESE OF CHEYENNE  
AND FILLED OUT THE VOLUNTEER DRIVER FORM AND ACKNOWLEDGEMENT FORM.

It is understood that this youth ministry event is under adult supervision and that all reasonable precautions will be taken to prevent accidents and injuries. In the event of an accident or injury I hereby release;

Sponsoring Organization: \_\_\_\_\_

Participant's Parish: \_\_\_\_\_

Diocese of Cheyenne;

and adult chaperones from any financial liability whatsoever, resulting from or in any manner arising out of any injury or damage which may be sustained on account of my participation in the above named event; including transportation associated with the event.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_