Form A rev. 8/2010

REGISTRATION CONSENT AND WAIVE This Form must be completed and executed for participation.			
(Please print)	D'AL DAL	A	0:1/0
Participant's Name:			
Address:	City/State:		Zip:
Home Telephone: ()			
Participant resides with (check all that applies): Mother	Father	Guardian	n(s)
Custodial Parent/Legal Guardian's Name:			
Home Address:			
Home Telephone: ()Business (
Emergency Contact:			
Home Telephone: ()	Cell: ()		
Second Contact:	Relationship:		
Second Contact: Home Telephone: ()	Cell: ()_		
PARTICIPATION PERMISSION: I, the undersigned, am cethat he/she be allowed to participate in the RE/You parish during the 20 understand that the RE/Youth Activities consist of weekly	uth programs, eve /20 school/pa	nts and activi arish year (the '	ties to be held a "RE/Youth Activities")
that he/she be allowed to participate in the RE/You parish during the 20 parish during participation in the RE/Youth Activities. MEDICAL INFORMATION: Is Participant taking any me	ath programs, eve /20_ school/parsessions and related gree that neither the me) nor any of the eld liable for any of neither the dications OR have a	nts and activition arish year (the 'ed activities white Archdiocese eir respective only or my child's	ties to be held a "RE/Youth Activities") ich may be held from of Oklahoma City o employees, directors personal property los ditions (e.g., diabetes
that he/she be allowed to participate in the RE/You parish during the 20 parish during the 20 l understand that the RE/Youth Activities consist of weekly time-to-time. LOST OR STOLEN ITEMS: I hereby understand and acceptable (Parish/School Natofficers, agents, representatives and/or volunteers shall be here stolen during participation in the RE/Youth Activities. MEDICAL INFORMATION: Is Participant taking any meterilepsy, heart conditions, etc.) yes no If	uth programs, eve/20 school/pa sessions and relate gree that neither the me) nor any of the eld liable for any of ne dications OR have a f yes , explain (attach	nts and activition arish year (the 'ed activities white Archdiocese eir respective only or my child's any medical conditional signature.	ties to be held a "RE/Youth Activities") ich may be held from of Oklahoma City o employees, directors personal property los ditions (e.g., diabetes heets as necessary)
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As a rule, medication will not be administered by RE/Youth Program staff. The exception is an RE/Youth program or activity that includes an extended day or overnight activity. If medication is required a Consent and Waiver Medication Form must be completed prior to the activity.

CONSENT TO TREATMENT OF PARTICIPANT: I am the custodial parent or legal guardian of Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the RE/Youth Activities and I assume all responsibility for the health and physical condition and ability of Participant to so participate. In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. I accept full responsibility for any medical or hospital bills associated with the care of Participant.

h herein, I do on behalf of myself, Participant and our aive, hold harmless, defend and covenant NOT TO e Archbishop of the Archdiocese of Oklahoma City, we departments, directors, administrators, teachers, any and all actions, claims, demands or liabilities, damage, that I and/or Participant may suffer due to ection with, participation in the RE/Youth Activities, atment and any consequences that may arise as the als and collateral entertainment to the fullest extent
nd correct to the best of my knowledge and that I xecution of this REGISTRATION CONSENT AND (2) pages.
Date
RS OF AGE AND OLDER ATEMENT BELOW
manner consistent with the policies of the
hat failure to do so may result in my being required te in future programs and activities, at the discretion