

PARISH ONE DAY TRIP

NAME _____				AGE _____	<u>M</u> <u>F</u> SEX
ADDRESS _____	CITY _____	STATE _____	ZIP _____	() PHONE _____	
SCHOOL _____	GRADE _____	BIRTHDATE _____	PARISH _____		

REGISTRATIONS MUST BE IN 10 DAYS PRIOR TO THE DATE OF THE WEEKEND

PERMISSION

I/we, the parents or guardians of the above mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above mentioned Trip, on _____ date.

MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in this event, I/we hereby give my/our permission for the necessary medical treatment to my/our child.

I/we, agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to _____ Parish, or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Parent/Guardian Signature

Parent/Guardian Phone Number

Insurance Company

Policy Number

Name and Phone Number of Person if parent/guardian is not available