

PARISH OVERNIGHT REGISTRATION

NAME OF EVENT _____ DATE OF EVENT _____

NAME _____ AGE _____ M F
SEX

ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ () _____

SCHOOL _____ GRADE _____ BIRTHDATE _____

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 event on _____ date(s).

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 St. Gregory 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 _____