

## St. Catherine Summer Challenge (SC)<sup>2</sup> 2018 June 17-22, 2018

## REGISTRATION Emergency Medical Information and Release Form

<b>Event:</b>	St. Catherine Summer Challenge (SC) <sup>2</sup> 2018:			
Cost:	\$100.00 for each youth			
Dates:	June 17: 7:00 - 8:30 pm  June 18-22: 8:00 - 4:00 pm  Dinner and Mini retreat  Vacation Bible Camp and Afternoon Service Organization			
Morning Service Ho	Vacation Bible Camp St. Catherine Church, 17400 Peak Ave Morgan Hill			
Afternoon Service H	Iours Locations: To be determined			
Parish/School:	St. Catherine of Alexandria, Morgan Hill			
Diocese:	Diocese of San Jose			
Transportation Prov	vider: Adult Team Leader – to be determined.  Notice of name of Adult Team Leader will be sent before June 1, 2018			
Participant: (name)				
Parents: (names)				
	1 2018: Age:			
Address:	City:			
Home #:	E-mail address:			
Mother Cell #:	Father Cell #:			
I am avai	ilable to volunteer for Summer Challenge 2018! Please contact me!			
Please circle T-shirt s	size: Child Medium Adult S M L XL			
Does your child have	a medical condition or food allergy? Y N			
If yes, please explain:	:			

Doctor's Name:	Doctor's Phone #:		
Insurance Company:		Policy #:	
<b>Emergency Contact Person (in th</b>	e event the parent(s) can	not be notified)	
Name:	Relation:	Phone #:	
A. The undersigned represent that to under law to sign this document		l guardians of Participant and have full authority	
B. Parents grant their permission fo	r Participant to enroll and 1	participate in the Event.	
C. Parents acknowledge and agree t			
(1) Participant and Parents v			
(2) the Event may involve p			
		nd rules established for Event and instructions of	
-	g, organizing, or overseeing	•	1
for any damages, claims		ant's conduct during the Event and are responsib Participant or incurred as a result Participant's	ne
conduct; and		1.1 1. 1. 7 1	
		detrimental to the Event, other participants or e suspend or expel Participant from the Event an	d
D. In the event of an emergency or	a situation that is reasonab	oly considered to be an emergency, Parents	
authorize the Parish/School and Participant. The Parish/School v	the Diocese to seek and au	uthorize emergency medical care to be given to apts to notify Parents prior to authorizing any suc	:h
emergency care.	4 D' ' '		
E. Parents grant Parish/School and		- Events and	
(1) to photograph and video		ons and promotions of the Parish/School and the	
	ot limited to publications s	such as websites, newsletters, advertisements,	
±		I for Participant, release and agree to indemnify	
		insportation Provider from any and all liability,	
claims, demands, and costs which n	nay arise as a result of Part	ticipant's participation in the Event or which is, i	n
		loss under any theory of loss (negligence or	
		perty damage. Parents and Participant assume all	
risk of injury or loss to themselves	or their property.		
Parent/Guardian Signature:		Date:	

\_\_\_\_ CASH enclosed? yes/no Check # \_

FOR OFFICE USE:

Payment Enclosed: \$\_