

# Fun in the Sun Registration & Permission Slip – 2016

| ✓                        | <u>Event or Trip</u> | <u>Dates</u> | <u>Cost</u> | <u>Registration<br/>Deadline</u> |
|--------------------------|----------------------|--------------|-------------|----------------------------------|
| <input type="checkbox"/> | Mt. Olympus          | June 14      | \$39        | June 7                           |
| <input type="checkbox"/> | Great America        | July 26      | \$67        | July 19                          |
| <input type="checkbox"/> | Noah's Ark           | August 9     | \$50        | August 2                         |
| <input type="checkbox"/> | Timber rattlers      | August 24    | \$8         | August 8                         |

**PLEASE COMPLETE ALL PARTS OF THIS FORM**

**YOUTH INFORMATION** *(only one child per form – Make/obtain additional copies for additional children)*

Youth's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 City & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Home Parish: \_\_\_\_\_

According to the Green Bay Diocesan policy, participants are to be covered by insurance for any travel, competition or performance. It is the responsibility of the parent to provide this insurance coverage.

**Emergency Contacts**

Parent(s) \_\_\_\_\_ Home Phone \_\_\_\_\_  
 \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
 Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Insurance # \_\_\_\_\_

**RELEASE**

The undersigned parent of \_\_\_\_\_ request our child be allowed to participate in the above indicated event(s). S/he being a minor, we hereby releases and agrees to hold harmless Sacred Heart Parish or any of its advisors, chaperones or persons connected with the event from any liability, claims or damages for personal injury, property loss or other damage which may result during the above event. The undersigned parent consents to the use of likeness in any manner relating to communication production in any media. The undersigned \_\_\_\_\_ hereby agrees to abide by the rules established for the above event. Transportation, when provided will be by bus or van.

Dated in the area of Appleton, Wisconsin, this \_\_\_\_\_ day of \_\_\_\_\_ 2016.

\_\_\_\_\_  
 (Signature of Parent)

\_\_\_\_\_  
 (Signature of Participant)

**AUTHORIZATION FOR MEDICAL TREATMENT**

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor son/daughter \_\_\_\_\_ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the hospital or employed by the physician as well as any physician and physician's staff where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2016  
 and valid until the \_\_\_\_\_ day of \_\_\_\_\_ 2016

\_\_\_\_\_  
 (Signature of Parent)

*Please list any medical conditions or dietary needs which would affect your child's participation in this event.*

***Return to Bill Nettekoven***