

Regional Rallies 2012
Youth Vs Wild

LIABILITY RELEASE FORM

Participant's Name _____ Date of Birth _____

Address _____ Telephone _____

City _____ State _____ Zip Code _____

E-Mail _____

Event: \$30.00 per participant to paid to Holy Rosary.

T-Shirt size: (Circle One) \$10.00 per shirt Small Medium Large X-Large XXlarge

Group Leader's Name Tammy Vidrine

PARENT/GUARDIAN

I, _____ (name), give permission to my above mentioned son/daughter to attend the Diocesan Regional Youth Rally to be held on March 24, 2012. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I release The Diocese of Baton Rouge, Holy Rosary Catholic Church, and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My child agrees to abide by all the rules and regulations as listed on the Diocesan Youth Office Policies and Procedures sheet as they are enforced by the diocesan staff. I understand that the Diocese and Holy Rosary will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the conference at my expense.

Signature of Parent/Legal Guardian

Date

Family Physician _____ Telephone _____

Allergies _____

Current Medications _____

Medical History _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name _____

Address _____

Work Phone _____

ONE FORM MUST BE COMPLETED BY EACH PERSON ATTENDING!