



Oneight Confirmation Registration Form

St. Mary's Parish
2011-2012

Emergency Contact and Medical Information for Student

Student's Name _____		Date of Birth _____		M	F
				Sex	
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____			
() _____	() _____	() _____	() _____		
Home Phone	Work Phone	Home Phone	Work Phone		
Address _____		Address _____			
City, ST ZIP Code _____		City, ST ZIP Code _____			
Student's Email _____		Parent's Email _____			

Alternative Emergency Contacts

Primary Emergency Contact _____		Secondary Emergency Contact _____	
() _____	() _____	() _____	() _____
Home Phone	Work Phone	Home Phone	Work Phone
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____	Phone Number _____
Insurance Company _____	Policy Number _____

Allergies/Special Health Considerations _____

Medications _____



St. Mary's Dartmouth, MA



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I give permission for my child to participate in the 2011 & 2012 activities, events, and retreats sponsored by St. Mary's Parish, St. Mary's Life Teen and EDGE, a Youth Ministry Program. I understand and agree that I will be responsible for any costs, fees or other expenses related to my child, including but not limited to any damage done to other's property, return costs to home due to expulsion from any activities, events, and retreats, and/or medical costs. I understand that while participating in these activities, events, and retreats, my child must follow the instructions and directions provided by the adult personnel and that he/she must abide by the code of conduct policies. I understand that my child's failure to follow instructions, directions and/or the code of conduct may result in his/her immediate expulsion from the activity, event, retreat, Confirmation Program and/or EDGE and Life Teen. Photos and/or videos will be taken throughout the 2011 & 2012 activities, events, and retreats. Should you not want your child photographed or recorded, you must notify St. Mary's in writing, 789 Dartmouth Street, Dartmouth, MA 02748.

I hereby give permission for any and all medical attention to be administered to my child in the event of an accident, injury, sickness, etcetera, under the direction of the event coordinators, until such time as I may be contacted.

I hereby certify that I am voluntarily signing this permission and medical release form; I intend to be legally bound by the terms of this document and fully understand its significance.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

OFFICE USE ONLY

AMNT DUE \$135.00 AMNT PAID _____ CASH _____ CHECK # _____ DATE _____

(Deadline for Registration September 1, 2011)