

## Middle School Retreat Registration Form

St. Brigid of Kildare Parish, 207 Ashman St, Midland

March 10, 2018; 10 a.m. – 7:30 p.m.

### SECTION A – Registration Information and Statement of Consent

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Parish: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cost: \$25  Enclosed  Bill parish

I hereby consent to participation by my child \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee/volunteer on the stated dates.

In consideration of my child being allowed to participate in this event, I agree to indemnify and hold harmless and defend the Catholic Diocese of Saginaw, St. Brigid of Kildare Parish, any and all affiliated organizations, their employees, agents, and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this retreat. This indemnification and hold harmless and defense agreement does not apply to claims for intentional misconduct.

\_\_\_\_\_  
(Print parent's name)

\_\_\_\_\_  
(Parent's signature)

\_\_\_\_\_  
(Date)

### SECTION B – Media Release (must be completed for those under the age of 18)

I \_\_\_\_\_, hereby give permission for the personnel of the Catholic Diocese of Saginaw to photograph, videotape and/or voice-tape my child/children (or allow area news reports to do the same for the purposes of (please check the items you will allow):

In-School/Parish Purposes use only

Public information for promotion of Diocesan, School, or Parish programs (brochures, newspapers, radio, or television)

Catholic Diocese of Saginaw website

\_\_\_\_\_ Parish website

**Or**

I do not give permission for my student to be photographed, videotaped or voice-taped

Student Name (s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION C – Medical Treatment Authorization**

To Whom It May Concern:

I hereby authorize treatment for my child by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me/my family.

Reason for which release is intended: **Middle School Retreat, March 10, 2018**

Child's Name \_\_\_\_\_ Relationship to you:  Son  Daughter

Address: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

List any food allergies, other allergies, medication, contacts, or other pertinent comments (**Prescription medication must be provided in original containers**):

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

(Parent/Guardian)

**Return this completed form with payment to: Pat Preston  
Office of Youth Ministry  
5802 Weiss Street  
Saginaw MI 48603-2799**