

**DMCESE OF DAVENPORT YOUTH PARTICIPATION FORM  
REGISTRATION MEDICAL PERMISSION LIABILITY WAIVER PHOTO RELEASE**



Parish/School: \_\_\_\_\_ Parish/School/Town: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Parent/Guardian/s** Name/s: \_\_\_\_\_

A) Parent/Guardian/Emergency Contact:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

(Include area code) Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

B) If "A" unavailable, Alternate Emergency Contact:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

(Include area code) Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Insurance** Insurance Company: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Member ID: \_\_\_\_\_ Group Number: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

**Health** Food allergies (type and severity): \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Mobility or Activity limitations: \_\_\_\_\_

Please note any other allergies, health or behavioral difficulties of which leaders should be aware:

\_\_\_\_\_

**Medications** My child is taking (list dosage and frequency for each medication):

\_\_\_\_\_

Note, all medications will be administered by the onsite health team.

If needed, my child may be given (check each approved):  Aspirin  Acetaminophen  Ibuprofen  Benadryl

**Permission & Liability Waiver** I (parent/guardian named above) grant permission for my child (participant named above) to participate in the **HOLY FIRE event on October 26 or 27, 2018 at the UIC Pavilion in Chicago Illinois**. This activity will take place under the guidance and direction of employees and volunteers from the Diocese of Davenport and employees and/or volunteers from my parish/school named above. I also understand that my child's participation requires transportation to and from the event that is arranged by my parish/school leaders.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). For value received, I agree to hold harmless and defend the Diocese of Davenport, its employees and agents, chaperones, or representatives associated with the event, and my parish/school named above, its officers, directors, employees and agents, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese of Davenport, its employees and agents and chaperones, or representatives, or my parish/school named above, its officers, directors and agents, and representatives associated with the event, for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

In the event of an emergency, I hereby give permission to the adults supervising this activity to secure proper and adequate treatment for my child named above, including hospitalization, injection, anesthesia or surgery. I accept responsibility for all medical/surgical treatment charges which may be incurred.

**Photo Release** I hereby grant permission for photographs taken of my child at this event to appear on one or more of the communication mediums of the Diocese of Davenport (e.g., The Messenger, diocesan websites or social media) or of my parish/school. I understand that these images will be used only in relation to these publications and this event. Any other use of said images will require my full written consent. (NOTE: If you do not grant permission, you must indicate such in a written letter to the Diocesan Coordinator of Youth Ministry, 780 West Central Park Ave., Davenport, IA 52804. This written notification must arrive at stated address no less than 5 business days prior to the event date.)

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_