



Diocese of Raleigh

Secretariat for Lay Formation, Marriage, and Family Life

Youth Registration and Medical Release Form 2017-18

Youth Participant Information

Full Name: _____ Date of Birth: _____

Gender: M F Grade: _____ Home Parish: _____

Home Address: _____ City: _____

Primary Phone: _____ Send me text reminders (optional):

Email Address: _____

Parent/Guardian Information and Emergency Contact

Parent/Guardian Name: _____ Relationship: _____

Cell Phone: _____ Email Address: _____

Secondary Contact: _____ Relationship: _____

Cell Phone: _____ Email Address: _____

Medical Release

Please initial next to each statement to indicate your consent:

____ In the event of an emergency, I hereby give permission for my youth to be taken to a physician or hospital by an adult youth leader, diocesan staff member, or parish personnel. I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the responsible physician to hospitalize and secure proper treatment, including surgery, for my youth.

____ I hereby grant permission for a staff person to provide the following over-the-counter drugs to my youth if necessary. (Please note that category of medicine and example are listed, though a different brand may be used.) Doses are not to exceed manufacturer's recommendations. Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Cough Relief (Robitussin) |
| <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Antacids (Tums/Roloids) |
| <input type="checkbox"/> Naproxen (Aleve) | <input type="checkbox"/> Topical Antibiotic (Neosporin) |
| <input type="checkbox"/> Antihistamine (Benadryl) | <input type="checkbox"/> Allergy Relief (Claritin/Zyrtec) |

I have reviewed the medical information above; to the best of my knowledge it is accurate and complete. If there is any change to the physical status of my youth, I will inform the event coordinators immediately.

Signature of Parent/Guardian: _____ Date: _____

Medical and Dietary Information

Please list any allergies, dietary restrictions, or medical conditions: _____

Please list any prescription medications that your youth is taking: (If none, leave blank)

Medication Name	Purpose of Drug	Amount Taken	Time of Day	# Times Per Day	Other Instructions

Note: Medications will be dispensed by adult coordinators, unless parent/guardian explicitly directs otherwise.

Medical Insurer: _____ Policy Number: _____

Photography/Video Disclaimer

____ (Please initial): I understand that photos/videos may be taken of participants during this event. The media may be used in publications, websites, or other materials by the Diocese of Raleigh. Participants will not be identified without specific written consent. Parents/guardians who do not wish their children to be photographed or filmed should please notify the the Diocese of Raleigh Office of Youth and Young Adult Ministry in writing.

Parent/Guardian Authorization and Release of Liability

I hereby consent to the participation of my youth, _____, in the event listed above, and understand that it is an off-site event requiring transportation to _____.

I agree that I remain fully responsible for any liability which may result from personal actions taken by my youth, and that s/he may not be in possession of drugs, alcohol, tobacco products, weapons, or firearms of any kind. I consent that my youth must comply with all directions given by staff or volunteers during the course of the event, and that any illegal, immoral, or offensive behavior will result in my youth's immediate dismissal, for which I will be required to provide transportation from the site. I hereby release the Diocese of Raleigh, _____ (name of parish), and all of its agents and volunteers, from any injuries or illnesses which may be incurred by my youth.

Signature: _____ Date: _____

Payment and Scholarships