

Participant _____ DOB _____ Grade _____

Address _____

City _____ AZ Zip _____

Home Phone _____ Place of Birth (city) _____ (state) _____

Father's Full Name _____ Work Phone _____

Mother's Full Name _____ Work Phone _____

Parents Email Address _____

Participants Email Address _____

Doctor _____ City _____ Office Phone _____

Insurance Company _____ Card/Group Number _____

Alternate emergency contact/phone number if parents cannot be reached:

Date of last tetanus shot for participant _____

Special medications, illnesses or conditions we should know about:

_____**Medical Release**

I request that the above named participant be allowed to attend church related activities, events, trips, socials and service opportunities with St. Joan of Arc Roman Catholic Parish. In the event of an illness, I request that the designated CORE volunteer or Coordinator of Youth Evangelization obtain medical treatment on my behalf for my student if I or the emergency contact number cannot be reached. Prescription medicine will be given in its original container with dosage information on it. I understand reasonable precautions will be taken to safeguard the health and well being of my teen and that I will be contacted immediately in case of emergency or accident. I understand this form will be kept on file and used for the entire fiscal year dated below. I promise to update any information that changes throughout the year. I understand I will be asked to sign attendance forms for each event or trip. I will not hold St. Joan of Arc Roman Catholic Parish Phoenix, the Diocese of Phoenix, the chaperone or Coordinator of Parish Youth Ministry responsible for accident or injury.

Behavior Agreement

My student named above will dress and act respectfully; use no verbal or physical abuse of self or others; will not have in their possession at anytime, alcohol, drugs or tobacco of any kind; will be responsible for their own belongings, will not leave the designated area at any time for any reason without contacting the adult in charge; and will review these guidelines with me prior to signing below. I understand that if the teen named above is involved in any illegal activity or serious destructive behavior that I will be contacted immediately and responsible for their immediate transportation home. Further, I give permission to have photos taken of my child for purpose of parish use.

Date_____
Father/Legal Guardian Signature_____
Mother/Legal Guardian Signature