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Holy Friday Retreat

Registration and Permission Slip

Participant's Last Name First Middle Date of Birth

Street Address Apt. # City State Zip

Name of Parent(s) or Legal Guardian(s) Phone Number Email Address

Home Parish City State

MEDICAL – EMERGENCY INFORMATION

Information provided is strictly for use by retreat leader. All information is mandatory and will be confidential.

Emergency Contact Information

Name Phone Number Relationship to Participant

INSURANCE INFORMATION

Name of Policy Holder Insurance Provider Policy Number

Please list any allergies (food, pets, etc.):

Please list any other special medical needs:

I, (print name) _____, verify that this child has permission to attend this youth activity. All information provided is accurate and up to date.

Parent or Legal Guardian Signature Date