

**ST. PAUL YOUTH MINISTRY
REGISTRATION AND MEDICAL CONSENT/PERMISSION TO TREAT**

**HIGH SCHOOL FRESHMAN FISH CAMP
August 6, 2022 at the JPII (306 John Adams)**

Fee \$25

T-shirt size _____

I am giving permission for my child to attend this event and medical permission/consent to treat.

To the best of my knowledge, my child, _____, is in good health and I assume all responsibility for her/his health.

In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised, if possible, prior to any further treatment by the hospital or doctor.

Participant's Name _____

Home Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

In case of emergency, please contact:

Name _____

Relationship to child _____

Home Phone _____ Work Phone _____ Cell _____

Please include a photocopy of your insurance card, front and back.

Insurance Carrier _____ Policy Number _____

My child is taking the following medication (s):

My child is allergic to the following: _____

Reaction: _____

My child's immunizations, to include a tetanus shot are current and up to date ____yes ____ no

My child has the following limitations: _____

I remain legally responsible for any personal actions taken by my child.

I agree on behalf of my child, myself, my heirs, successors, and assigns to hold harmless and defend St. Paul Parish, its officers, directors, agents, and the Archdiocese of San Antonio from any liability for illness, injury or death arising from or in connection with my child attending the above named event, and I agree to compensate the parish, its officers, directors, and agents, and the Archdiocese of San Antonio, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith. I understand that at this event or related activities, my child may be photographed. I agree to allow my child's photo, video or film likeness to be used for any legitimate purpose by the organizers and/or assigns.

Signature of Parent _____ Date _____