

Participant's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_ Year of HS Graduation \_\_\_\_\_

Parents/Guardian: (Mr. & Mrs.)(Mr.)(Ms.)(Mrs.) circle one First \_\_\_\_\_ Spouse \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Parents Work Phone # (\_\_\_\_\_) \_\_\_\_\_

Parents Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ Parents Other # (\_\_\_\_\_) \_\_\_\_\_

Parent's Address if different than Participants: First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Needs: \_\_\_\_\_

Travel information: \_\_\_ I will travel by car: I will be \_\_\_ dropped off, \_\_\_ will drive myself, or \_\_\_ will come with Sisters.  
\_\_\_ I will travel by plane and will need to be picked up. Flight Information: \_\_\_\_\_

**LIABILITY RELEASE**

- ❖ I give permission to my above named daughter to attend this Veni Si Amas Retreat.
- ❖ As parent or legal guardian, I remain fully responsible and liable for any claims brought against The Sisters of St. Francis of the Martyr St. George, which may result from any action taken by my child.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL HISTORY PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES**

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:**

- ❖ In the event of an emergency, I hereby give permission to the Sisters of St. Francis of the Martyr St. George to transport my child to a hospital to receive emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.
- ❖ I relieve The Sisters of St. Francis of the Martyr St. George of all responsibility and consequences that may arise as a result of this treatment. I will not hold The Sisters of St. Francis of the Martyr St. George liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.
- ❖ I hereby give permission to the Sisters of St. Francis of the Martyr St. George to use any photographs taken of my child in print and on their website for promotional purposes.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough drops) to be given to my child, if deemed advisable by the Sisters of St. Francis of the Martyr St. George.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In the event it comes to the attention of the Sisters of St. Francis of the Martyr St. George that my child becomes ill with symptoms such as severe headache, vomiting, fever, diarrhea, I want to be called.

**Parent Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

In the event of an emergency, if you are unable to reach me at the above number, contact:

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

Relationship: \_\_\_\_\_ Telephone: # (\_\_\_\_\_) \_\_\_\_\_