

Today's Date _____
Participant's Name _____

Date of Birth _____ E-Mail _____ Year of HS Graduation: _____

Address _____ City _____ State _____ Zip _____

Home Phone # (_____) _____ Work Phone # (_____) _____

Cell Phone # (_____) _____ Parish: _____

College Attending/ Professional Employer: _____

College/Alternative 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: _____

MEDICAL HISTORY PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES
Allergies: _____
Current Medications: _____
Medical History: _____

LIABILITY RELEASE
❖ 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 action I may take.
Signature: _____ **Date:** _____

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 me to a hospital to receive emergency medical or surgical treatment.
❖ I give permission for myself to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel.
❖ 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 me in print and on their website for promotional purposes.
Signature: _____ **Date:** _____
In the event of an emergency please contact:
Name: _____
Relationship: _____ Telephone: # (_____) _____