

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: # (\_\_\_\_\_) \_\_\_\_\_