Adult Registration and Medical Release (18 years old to adult)
Come & See Days / Come, Follow Days / Discernment Retreat / Formation Weekends
Mater Redemptoris Convent and House of Formation

Cost: Free (Donations accepted)
(Checks made payable to: Mater Redemptoris)

Please **send** your registration / permission form to:
Mater Redemptoris Convent and House of Formation
PO Box 4004
La Crosse, WI 54602-4004

____ Come & See Day
____ Come, Follow Days
____ Formation Weekend
____ Discernment Retreat
(Please check the one you are attending – thank you!)

Name: ____________________ Date of Birth: ____________

Home Address: ____________________ City: ____________

State: ________ Zip: ________ E-mail Address: ____________________

Phone: (H) ____________ (W) ____________ (C) ____________

Name of Parents: (F) ____________________ (M) ____________________

Emergency Contact: ____________________ Relationship: ____________

Phone: (H) ____________ (W) ____________ (C) ____________

E-mail Address: ____________________

Parish Name/City: ____________________ Grade (in Fall): ____________

Name of school, attending: ____________________

City/State of School: ____________________

Physician: ____________________

Clinic/Hospital: ____________________ Office Phone: ____________

Medical Insurance Company: ____________________

Policy #: ____________________ Group #: ____________

For office use only:

Cash Amt: ____________ Date: ____________
Ck # ____________ Amt: ____________ Date: ____________
Ck # ____________ Amt: ____________ Date: ____________

Notes: ____________________

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you are subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. The parish/Diocese of La Crosse will take reasonable care to see that the following information will be held in confidence. Some activities may be physically strenuous (especially mission trips and camps). If you desire to limit your participation in any way, please submit your wishes in writing prior to the trip.

1. Are you in good health and able to participate in normal activities? Yes ___________ No _________

If not, please submit a statement indicating limitations and/or restrictions.

2. Please give the date of your most recent physical examination: ___________________________

3. Immunization History (Please give dates) Date of last Tetanus Shot: _____________________

4. Allergies: Pollens _____ Medications _____ Food _____ Insect bites _____ Other: _______________________________

Please note specifics: ____

5. Have you ever suffered from or been treated for any of the following:

Asthma_____ Epilepsy/seizure disorder _____ Heart trouble _____ Diabetes _____ Frequently upset stomach _____

Physical handicap _____ Depression _____ Emotional/Mental Disorder _____ Other: ________________________________

6. Operations, serious injuries, or major illnesses in the past year: ____

Dates: ______________________________________

7. Have you recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, list date and disease or condition: ____

8. Do you have a medically prescribed diet? Yes __________ No _________

9. You are a swimmer _________ non-swimmer ________

Medical Treatment

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment at my expense. In the event of an emergency, please contact the emergency contact listed above.

Initials: ________________ Date: _________________

Permission to Use Participant Photos

You have my permission to use my photos for commercial purposes (ex: advertising this event in flyers, on the web, Diocesan newspaper (*Catholic Times,* etc.).

Initials: ________________ Date: _________________

Statement of Truth and Accuracy

I hereby certify that all of these statements are true and accurate to the best of my knowledge.

Signature: ____ Date: ______________________________