

Youth Registration and Medical Release (under 18 years old)
Come & See Days / Come, Follow Days / Discernment Retreat / Formation Weekends
at 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

Name: _____ Date of Birth: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone #: _____

Cell Phone #: _____ Work Phone #: _____

E-mail Address: _____

Parent's E-mail: _____

Mother's name: _____

Phone: (H) _____ (W) _____ (C) _____

Father's name: _____

Phone: (H) _____ (W) _____ (C) _____

Emergency Contact: _____ Relationship: _____
(Other than parent/guardian)

Phone: (H) _____ (W) _____ (C) _____

Parish Name/City: _____

Name of school, attending: _____

City/State of School: _____ Grade: _____

Physician: _____

Clinic/Hospital: _____ Office Phone: _____

Medical Insurance Company: _____

Policy #: _____ Group #: _____

Please carry your insurance card with you at all times. Thank you! ☺

<i>For office use only:</i>		
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 my child to a hospital for emergency medical or surgical treatment at my expense. I wish to be advised prior to any further treatment by the hospital or doctor. In the event that you are unable to reach me, such treatment may be administered if deemed necessary. In the event of an emergency, if you are unable to reach me at the numbers given above, please contact the emergency contact listed above.

Initials of Parent Guardian: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of La Crosse, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Initials of Parent Guardian: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of

dosage, are as follows: _____

Initials of Parent Guardian: _____ Date: _____

No medication of any type, whether prescription (such as aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) unless the situation is life-threatening and emergency

Initials of Parent Guardian: _____ Date: _____

OR

I hereby grant permission for non-prescription medication non-prescription, may be administered to my child to be given to my child if treatment is required. deemed appropriate

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Initials of Parent Guardian: _____ Date: _____

Parental/Guardian Consent and Liability for Minors

I, _____, grant permission for my child, _____ to participate in this diocesan/parish
Parent or guardian's name Child's name

event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of diocesan/parish employees and/or volunteers from Diocese of La Crosse.

A brief description of the activity follows:

Type of activity: Come & See Days / Come, Follow Days / Discernment Retreat

Individual in Charge: Sister M. Stephania Newell, FSGM

Estimated time of departure and return: _____

Mode of transportation to and from activity(s): Diocesan Caravans

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend

Diocese of La Crosse, its officers, directors, employees and agents, and the Diocese of La Crosse, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of La Crosse, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Initials of Parent Guardian: _____ Date: _____

Code of Conduct

We expect each participant to conform to these rules of conduct:

No possession or use of alcohol, drugs, tobacco, or pornography.

No fighting, weapons, fireworks, lighters, or explosives.

No offensive or immodest clothing.

No student may drive.

No males in female sleeping quarters, and no females in male sleeping quarters.

Participation with the group is expected.

Respect property.

Respect one another, staff, and leaders.

Respect and comply with event schedules and with any other specific event rules established by leaders.

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Initials of Student: _____ Date: _____

Initials of Parent Guardian: _____ Date: _____

Permission to Use Participant Photos

You have my permission to use said participant's photos for commercial purposes (ex: advertising this event in flyers, on the web, etc.).

Initials of Student: _____ Date: _____

Initials of Parent Guardian: _____ 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 of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____