

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: _____

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

<p>LIABILITY RELEASE</p> <p>❖ 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.</p> <p>Signature: _____ Date: _____</p>

<p>EMERGENCY MEDICAL TREATMENT:</p> <ul style="list-style-type: none"> ❖ 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. <p>Signature: _____ Date: _____</p> <p>In the event of an emergency please contact:</p> <p>Name: _____</p> <p>Relationship: _____ Telephone: # (_____) _____</p>
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