



Nativity Catholic Church - Youth Ministry Event Registration Form

HERSHEY PARK - DUE WITH PAYMENT OCT 15

Event Information		Participant Information		Health & Insurance	
Event	HERSHEY PARK	Name:		Known Allergies incl Medicines	
Event Date	Saturday November 3	Age	DoB		
Event Location	HERSHEY PARK, PA	Participant Cell		Carries Epi Pen?	Yes No
Drop Off	At NATIVITY, Nov 3, 830am	Grade Group: High School Adult 21+ College		Medications taken	
RETURN	To NATIVITY, Nov 4, 1159pm - ETA	Parent/Guardian Name			
Cost*	\$90 - Not refundable*	P/G Cell Number		Medical Conditions	
*Check Payable to Nativity Church/Memo: HERSHEY		P/G Home Number			
**Credit Card Payment - See below		Emergency Contact		Insurance	
Other: Bus will depart on time. Must arrive at Nativity at 1235pm. Required attire – modest shorts, closed toe shoes (sneakers/keen type) Nativity T-shirt.		Emergency Phone		Policy Holder	
		Relationship to Participant		Policy Number/Group	
		*T-Shirt in Adult Sizes: Circle - S M L XL		Policy Holder Date of Birth	
<p>AS THE PARENT/LEGAL GUARDIAN OF CHILD LISTED ABOVE, I GIVE PERMISSION FOR MY CHILD TO GO ON A PARISH TRIP TO THE EVENT/LOCATION LISTED ABOVE). I AGREE to indemnify and hereby release The Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.</p>					
<p>INFORMED CONSENT TO MEDICAL TREATMENT: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto. I understand that in the event my child becomes ill with a communicable illness during the trip, I have to make immediate arrangements to retrieve my child from the trip location.</p>					
<p>PHOTO/IDENTITY AUTHORIZATION: I authorize the Diocese of Arlington, its parishes, it's schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustrations and/or marketing purposes.</p>					
<p>CONSENT: I understand and hereby agree to the terms and conditions of the participant's involvement in the above described event and I freely execute this Acknowledgement with full knowledge of its content.</p>					
Parent or Adult Participant Print Name:			P/G Signature:		Date:

Card Holder Name:	Card Type: MC Visa	ZipCode:
Number:	EXP:	CVV:
Accept a processing fee of up to 3% Circle : YES		Signature: