

Fun in the Sun Registration & Permission Slip – 2010

✓	<u>Event or Trip</u>	<u>Dates</u>	<u>Cost</u>	<u>Registration Deadline</u>
	Robinsonville	May 22	\$20	May 20
	Camp Fire	June 9	Free	None
	Mt. Olympus	June 22	\$38	June 15
	The Gathering	July 24	\$15	July 22
	Great America	July 20	\$56	July 13
	Camp Fire	July 28	Free	None
	Noah Ark	August 3	\$46	July 28
	Camp Fire	August 11	Free	None
	Little Amerricka	August 24	\$26	Aug 17
Lifest tickets 7/ 7-11 Whole event <input type="checkbox"/> \$64; one day <input type="checkbox"/> \$36				May 21

*Checks payable to FVCYMA
PLEASE COMPLETE ALL PARTS OF
THIS FORM and RETURN TO:
Peter Gagnon
2331 E Lourdes Appleton WI 54915*

Chicago Urban Immersion and Faith Factor have separate permission forms for each event.

*Service opportunity:
Knights of Columbus clean up day
at St Bernadette, May 22. Cleaning
and yard work around the parish .*

YOUTH INFORMATION (only one child per form – Make/obtain additional copies for additional children)

Youth's Name: _____ Birth date: _____
 Address: _____ Age: _____ Grade: _____
 City & Zip: _____ Phone: _____
 Home Parish: _____

According to the Green Bay Diocesan policy, participants are to be covered by insurance for any travel, competition or performance. It is the responsibility of the parent to provide this insurance coverage.

Emergency Contacts

Parent(s) _____ Home Phone _____
 _____ Work/Cell Phone _____
 Doctor _____ Phone _____
 Dentist _____ Phone _____
 Insurance Company _____ Insurance # _____

RELEASE

The undersigned parent of _____ request our child be allowed to participate in the above indicated event(s). S/he being a minor, we hereby releases and agrees to hold harmless St Bernadette Parish or any of its advisors, chaperones or persons connected with the event from any liability, claims or damages for personal injury, property loss or other damage which may result during the above event. The undersigned parent consents to the use of likeness in any manner relating to communication production in any media. The undersigned hereby agrees to abide by the rules established for the above event. Transportation, when provided will be by bus or van.

(Signature of Parent)

(Signature of Participant)

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor son/daughter _____ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the hospital or employed by the physician as well as any physician and physician's staff where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

(Signature of Parent)

Date _____

*Please list any medical conditions or dietary needs which would affect your child's participation in this event.
Please return to:*

***Peter Gagnon St Bernadette Parish
2331 E Lourdes Drive Appleton WI 54915***