

**PONTIFICAL COLLEGE JOSEPHINUM  
DIOCESE OF COLUMBUS**

**(PARISH NAME)** \_\_\_\_\_ **PARISH, (CITY)** \_\_\_\_\_

**REGISTRATION/PERMISSION FORM – FOR MINORS**

*Please print clearly; return with appropriate payment to your adult leader. All incomplete forms will be returned to adult leaders.*

Name of Participant \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Parish \_\_\_\_\_  
School \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Grade \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Parent or Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
Phone(s) \_\_\_\_\_

Chronic Conditions (e.g. Allergies, Epilepsy; Diabetes) \_\_\_\_\_

Medications \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**RELEASE AND INDEMNIFICATION AGREEMENT**

Name of Activity \_\_\_\_\_

Location \_\_\_\_\_

Dates of Activity \_\_\_\_\_

A. As the above-named participant, I hereby register for and commit to attend \_\_\_\_\_ (the "activity"). I further agree to the terms of this Release and Indemnification Agreement, and I agree to comply with the Code of Behavior set forth below.

B. As a parent or guardian of the above-named participant, I give my permission for my child or ward to register for and attend the activity.

C. The undersigned release from all liability, and indemnify and hold harmless \_\_\_\_\_

parish/school, the Diocese of Columbus and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or traveling to or from this activity.

**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. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers please contact::

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS' CONSENT FOR RELEASE OF PERSONALLY INDENTIFIABLE  
INFORMATION**

The undersigned parents of \_\_\_\_\_, (Minor's Full Name) hereby consent to the release of photographs and name of the minor to be used by \_\_\_\_\_ (PARISH NAME) for future promotional programs of the parish. If you have any questions or concerns, please contact \_\_\_\_\_ (PARISH POINT OF CONTACT) at \_\_\_\_\_.(PHONE NUMBER)

**CODE OF BEHAVIOR**

1. Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. Participants must heed any and all directions of activity staff.
5. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians..
6. Failure to abide by this Code of Behavior may result in a request to parents/legal guardians, to transport offending participants from the premises, and the parents/legal guardians shall immediately comply with the request.

**I HAVE READ AND UNDERSTAND ALL CONTAINED IN THIS AGREEMENT**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_