

# Help! I'm Stuck in a Locker

*Forms must be turned in by August 6th, 2010. St. Bernadette Catholic Church reserves the right to cancel this event. The fee prior to August 5: \$20, fee on August 6: \$30.*

Participant Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Are there any known allergies to food or medications that we should know about?

\_\_\_\_\_

Any medications currently taken: \_\_\_\_\_

I hereby authorize a responsible adult to dispense to my child, if needed, only following that are initialed by a parent or guardian (Please initial all that apply).

\_\_\_\_ Tylenol    \_\_\_\_ Ibuprofen    \_\_\_\_ Aspirin    \_\_\_\_ Imodium AD    \_\_\_\_ Pepto Bismol  
\_\_\_\_ Advil    \_\_\_\_ Benedryl    \_\_\_\_ Alka Selter    \_\_\_\_ Topical Antiseptic    \_\_\_\_ Cold Medication

I request that my son/daughter participate in the activity, Help! I'm Stuck in a Locker, Freshmen Retreat, sponsored by St. Bernadette Catholic Church **This activity will take place on August 6 & 7, 2010 at Saint Bernadette Catholic Church, 16245 N. 60<sup>th</sup> St. Scottsdale, AZ 85254.**

I understand that reasonable precautions will be taken to safeguard the health and well being of my child and that I will be notified as soon as possible in the event of an emergency. In case of any sickness or accident, I authorize and consent to any x-ray, exam, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care to be rendered to my child under the general or specific supervision and on the advice of any physician, dentist or surgeon licensed to practice. I further understand and agree to be responsible for any such medical, dental, or hospital expenses incurred. Further, in the event of sickness or accident, I will not hold St. Bernadette Catholic Church, the Diocese of Phoenix, or any youth leader responsible.

I grant to, St. Bernadette Catholic Church, its representatives the right to take photographs of my child in connection with the above-identified subject. I agree that St. Bernadette may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

**Participant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_