

St. Peter High School Youth Retreat Registration 2022-2023

Student Name: _____ Graduation Yr. _____ Birth date: _____

School: _____ Parish/Church: _____

Address: _____ City: _____ Zip: _____

Student cell #: _____ **T-shirt size** (circle) S M L XL XXL XXXL

Parent/Guardian Name: _____

Cell #: _____ Work #: _____ 2nd Cell/Home #: _____

My child has permission to participate in this retreat. I release the parish, Diocese of Toledo, and any associated person or agency from any claims in consideration for the opportunity to participate in this youth event.

****Parent/Guardian Signature:** _____

St. Peter Parish Youth Ministry PERMISSION TO PUBLISH PHOTOS 2022-2023

St. Peter Parish requests your consent for staff to publish your student's picture on the parish website. To protect students' identities, last names or photos will not be used with any identifying information.

YES: As the parent/legal guardian of the above named student, I consent to the use of his/her photograph or project(s) for use on the St. Peter Parish website or in other publicity.

Parent or Guardian Name (please print): _____

****Signature:** _____ Date: _____

NO: As the parent/legal guardian of the above named student, I do not consent to the use of his/her photograph or project(s) for use on the St. Peter Parish website or in other publicity.

Parent or Guardian Name (please print): _____

****Signature:** _____ Date: _____

Please submit this Registration & Medical Release (see back page) with \$120 (checks to "St. Peter Parish") to St. Peter Parish Office: 430 Main St. Huron, OH 44839
Emergency Medical Authorization St. Peter Parish 2022-2023

Student's Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Parent/Guardians: _____

Mother's Cell: _____ Home Phone: _____

Father's Cell: _____ Other Phone: _____

Secondary Emergency Contact Name: _____ Relation: _____

Phone Number: _____

Please list any facts concerning child's medical history, including allergies, medications, etc. to which we should be alerted:

My child has permission to ride in a bus/car and attend events with the adult youth leaders. As this youth's parent or guardian, I release the parish and any associated person or agency from any claims in consideration for the opportunity to participate in youth events.

Date: _____ ** _____
(Signature of parent/guardian)

Medical Insurance Company: _____

Policy #: _____ Group #: _____

Part I: Grant to Consent

In the event reasonable attempts to contact us at above numbers have been deemed unsuccessful, I hereby give my consent for: the administration of any treatment deemed necessary by:

Preferred Physician: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

or in the event the designated practitioner is not available, by any other licensed physician or dentist; and the transfer of the child to _____ (Preferred Hospital) or any hospital reasonably accessible.

Date: _____ ** _____
(Signature of parent/guardian)

Part II: Refusal to Consent

I do not give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency medical treatment, youth leaders are to take no action or

Date: _____ ** _____
(Signature of parent/guardian)