

St. Raphael Catholic Church
1513 Dunster Road
Rockville, MD 20854
240-864-2519

Event: _____

Youth Name: _____ Home Phone: _____

Parent Name: _____ Work Phone: _____

Another number that the parent can be reached at: _____

Address: _____ City/State/Zip _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____ Phone: _____

Youth E-Mail Address: _____

Date of Birth: _____ Male Female (please circle)

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Raphael Parish, its officers, directors and agents, and the Archdiocese of Washington, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Check one of the following:

I am covered by hospitalization and medical insurance under policy. (Please update as needed)
_____ issued by _____

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (circle all that apply):

Tylenol Benadryl Advil Sudafed Midol Neosporin Pepto Bismol

ADD any other medical information concerning medication, allergies, illness, OR DIETARY RESTRICTIONS, etc. on back of this form.

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by St. Raphael Catholic Church/Archdiocese of Washington. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child to be photographed or filmed should notify the parish in writing. Please note that the parish has no control over the use of photographs or film taken by media that may be covering the event in which your child participates.

Parent Signature: _____ **Date:** _____

As a participant of a St. Raphael Parish event, I agree to behave appropriately and participate fully in this event. I also understand and agree that I will notify my parent/legal guardian at the time of any infractions requiring my dismissal from this event and that I will be sent home at my own and/or my parent/ legal guardian's expense.

Participant Signature: _____ **Date:** _____