

Saint Susanna Youth Ministry
St. Mark's Food Pantry
Thursday, April 1, 2010
5:00 p.m.-7:00 p.m.

Student information:

First name: _____ Last name: _____

School: _____ Grade: _____ Age: _____

Address: _____ Home phone: _____

City: _____ State: _____ Zip: _____

Doctor's Name: _____ Phone number: _____

Allergies or other known diseases, disorders, or disabilities: _____

Special circumstances / medications we should be aware of: _____

Parents/Guardian information:

First name(s): _____ Last name: _____

Home phone: _____ Cell phone: _____

Email address: _____

Emergency contact information:

Name: _____ Relationship: _____

Phone number: _____ Alternate number: _____

Parental Authorization:

In consideration of the opportunity for my child to participate and fully recognize that such an undertaking involves an element of risk, we assume all risks and hazards incidental in such participation and do hereby release, absolve indemnify, and agree to hold harmless the Archdiocese of Indianapolis/Saint Susanna, its agents, employees and offices and the chaperone, leaders, organizers and sponsors. Neither the Archdiocese of Indianapolis/Saint Susanna nor any of said persons shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of the activity.

We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of the significance.

In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Parent/guardian SIGNATURE: _____ **Date:** _____

Please complete and bring this form on Thursday, April 1, 2010.