

Family Last Name:

2017-18 Our Lady of the Valley Youth Programs Registration (1st-12th Grade)

Address: _____ City: _____ Zip Code: _____ Home Phone: _____

PARENT / GUARDIAN CONTACT INFORMATION

Father's/Guardian's Name: _____ Religion: _____ Lives with Children ___ Yes ___ No

Cell Phone: _____ Texting? ___ Yes ___ No Email: _____

Mother's/Guardian's Name: _____ Religion: _____ Lives with Children ___ Yes ___ No

Cell Phone: _____ Texting? ___ Yes ___ No Email: _____

Emergency Contact Name: _____ Relationship: _____ Phone Numbers: _____

Emergency Contact Name: _____ Relationship: _____ Phone Numbers: _____

| Student Name | Date of Birth | Age | Grade (1st - 12th) | Allergies | Medications | Date of Last Tetanus Shot |
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Is there any other medical information or are there any restrictions that we should know about your children?

Emergency Treatment: I, as parent or guardian of the participant(s), give my consent for the administration of any emergency treatment deemed necessary by a registered nurse, EMT, licensed physician or dentist; and the transfer of the minor to any hospital reasonably accessible when medically necessary. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Family Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Insurance Company: _____ Policy/Group #: _____ Subscriber's Name: _____

Promotion Permission: I, as parent or legal guardian ___ Do or ___ Do Not (check one) give my permission for the above named children's image to appear on the Our Lady of the Valley website, Facebook page, bulletin boards or in future publications from the parish or Diocese of Baker.

Release of All Claims: As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minors. I agree on behalf of myself, my children, my children named herein, or our heirs, successors, and assigns, to hold harmless and defend Our Lady of the Valley Catholic Church and its officers, directors, employees, agents, chaperones, or representatives associated with youth activities, from any claim arising from or in connection with my child attending the youth activities or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate officers, directors, employees, agents, chaperones, or representatives associated with the youth activities of Our Lady of the Valley Catholic Church with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Our Lady of the Valley Catholic Church.

Parent's/Guardian's Signature: _____

Date _____

REGISTRATION FEE:

- _____ # of Children x \$30 = Total Amount Due: _____
- I am a youth programs volunteer for 2017-18 and would like to have our family's fee waived.
- I have concerns about the fee. Please contact me about options.

Office Use Only: _____