

REGISTRATION/PERMISSION FORM
OUR LADY OF GRACE, DIOCESE OF CHARLOTTE

CONFIRMATION RETREAT, SUNDAY, March 20, 2011 Mt. Shepherd Retreat Center, Asheboro, NC

Name of Youth: _____ Grade: _____

Home Phone: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Parent's Name: _____ Daytime/Cell Phone: _____

If unable to contact parents, in case of emergency call: _____
(Please include name of individual, relationship to youth and phone number(s))

My son/daughter has my permission to participate in the above activity. I understand that when transportation is offered for an event it will be provided by van and/or private car, driven only by adult licensed drivers, or by a professional bus company. I understand that reasonable care and supervision will be exercised to provide for the general well-being of my youth. I also understand that this outing is for the pleasure/benefit of our youth and that staff and volunteers are not liable for any accident that may occur in connection with this activity. I hereby release Our Lady of Grace Church, the Diocese of Charlotte, all church staff and volunteers from any and all claims, loss, damage, expense, liabilities or injury of any kind, arising out of, or from any accident or other occurrence causing injury to any person or property during this activity. I understand the nature of this activity and I certify that my child is fully able to participate in such activity. I assume all risk to my child and to anyone else arising out of my child's participation.

MEDICAL INFORMATION: Please list pertaining to allergies, diet, and special medication or any other information necessary in an emergency situation.

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff to secure the services of a licensed physician to provide the care necessary for my child's well-being.

ALLERGIES _____ MEDICATION _____

SPECIAL DIET _____ OTHER _____
(Please use the back of this form if additional space for the above information is needed.)

INSURANCE CO. _____ POLICY NUMBER _____

 PARENT OR GUARDIAN SIGNATURE

 DATE

Please turn in your permission form and \$40 fee by February 21, 2011
 Please make checks payable to OUR LADY OF GRACE. Permission form and money should be mailed or dropped off to the church office (201 S. Chapman Street, Greensboro, NC 27403-1611, ATTN: Faith Formation.) We encourage you to use the envelope provided. Thanks!