

Retreat to Yankton - September 30, 2018
Registration & Parental/Guardian Consent Form & Liability Waiver
Registración y Permiso para participar

Location/Date: Rock Valley to Yankton Sept. 30, 2018 7:45am- 6 pm.
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To be filled out by Parent/Guardian / *Llenar por padre o guardián*

PARTICIPANTS / PARTICIPANTES:

First Name / Nombre	Last Name / Apellido	Birth date / Día de Naci.	Grade / Grado	Sex / Sexo

Home address / dirección de la casa

Street / Dirección _____ City / Ciudad _____ State / Estado _____ Zip Code _____

Parish / Párroco _____ Parish City / Iglesia Ciudad _____

Parent/Guardian's name / Padres o Guardián _____

Home phone / teléfono de la casa _____ Cell phone / celular _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, If you are unable to reach me at the above numbers, contact: _____

Name & relationship _____ Phone _____

Allergic reactions (medications, foods, plants, insects, inc.) _____

You should be aware of these special medical conditions of my child: _____

I, _____, grant permission for my above children to participate in this parish event. This activity will take place under the guidance and direction of parish employees and/or volunteers from the above named parish. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor/s (participant/s).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the above named parish, its officers, directors, employees and agents, and the Diocese of Sioux City, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Sioux City, its employees and agents and chaperons, or representative associated 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 the parish/diocese.

Emergencia Med: En caso de emergencia doy permiso de transportar a mi hijo/a a un hospital. Si no me encuentran en los anteriores para disatir el tratamiento a seguir de acuerdo a los Dr. Pueden llamar a _____

Telef. _____ Relación _____

Informe si el niño/a tiene alguna enfermedad crónica o condición medica que pueda ser atendida: _____

Alergias: _____

Dieta especial: _____

Yo _____ doy permiso para que mi

hijo/a _____

participe en este evento. Las actividades van a estar a cargo de voluntarios y empleados de la iglesia. Como padre o guardián yo soy responsable del participante.

Yo estoy de acuerdo que la iglesia, diócesis, no son responsables de accidentes. Ellos no porgan el Dr, licenciados, o ningún costo. A manos que sea por negligencia de porte de la iglesia o diócesis.

IMPORTANT / IMPORTANTE - Form must be signed!

Signature of parent/guardian *Firma de la padre o guardián* _____

Date *fecha* _____