St. Julie Billiart Parish

Enrollment & Permission Form

*Please **PRINT CLEARLY.*** **Grade Entering: ___**

Participant Information

Last Name | *First Name* | *Middle Name*

Address | *City* | *State* | *Zip Code*

Phone Number – Home | *Date of Birth* | *Email*

Parent/Guardian Information

1 – Mother's Name (Include Maiden Name) | *Cell Phone* | *Email*

2 – Father's Name | *Cell Phone* | *Email*

Alternative Emergency Contact (NOT a parent)

Emergency Contact Name | *Phone Number* | *Relationship*

Health Insurance

Insurance Company Name | *Policy Number*

Medical History

Allergies (Include food allergies.)

Medications

Medication Name | *Dosage* | *Frequency of Dosage*

I give permission for my child to participate in the 2011 & 2012 activities, events and retreats sponsored by St. Julie's Parish, Dartmouth Edge & Life Teen, a Youth Ministry program. I understand and agree that I will be responsible for any costs, fees or other expenses related to my child, including but not limited to any damage done to other's property, return costs to home due to expulsion from any activities, events and retreats and/or medical costs. I understand that while participating in these activities, events and retreats, my child must follow the instructions and directions provided by adult personnel and that he/she must abide by the code of conduct policies. I understand that my child's failure to follow instructions, directions and/or the Code of Conduct may result in his/her immediate expulsion from the activity, event, retreat, Confirmation Program and/or Edge and Life Teen. Photos and videos will be taken throughout the 2011 & 2012 activities, events and retreats. Should you not want your child photographed or recorded, you must notify St. Julie's in writing, 494 Slocum Road, Dartmouth, MA 02747.

I hereby give permission for any and all medical attention to be administered to my child in the even of accident, injury, sickness, etcetera, under the direction of the event coordinators, until such time as I may be contacted.

I hereby certify that I am voluntarily signing this permission and medical release form; I intend to be legally bound by the terms of this document and fully understand its significance.

Print Parent/Guardian's Name

Parent/Guardian Signature *Date*