



**ST. PIUS YOUTH
YOUTH (17 and under) REGISTRATION FORM
VALID UNTIL REVOKED BY PARENT**

NAME OF YOUTH	
GRADE	SCHOOL ATTENDING
AGE	DATE OF BIRTH
EMAIL	FACEBOOK
CELL PHONE	CELL PHONE CARRIER

MOTHER'S NAME	EMAIL
ADDRESS	
HOME PHONE	WORK PHONE
CELL PHONE	CELL PHONE CARRIER

MOTHER'S NAME	EMAIL
ADDRESS	
HOME PHONE	WORK PHONE
CELL PHONE	CELL PHONE CARRIER

IN CASE OF EMERGENCY CALL:	
NAME	RELATIONSHIP
HOME PHONE	CELL PHONE
WORK PHONE	

FAMILY PHYSICIAN	PHONE
INSURANCE COMPANY	POLICY #
ALLERGIES, MEDICAL PROBLEMS, DISABILITIES	

I, the Parents (Guardian) of _____ hereby give my permission for her/his participation in SPY- St. Pius Youth and activities, programs and projects of the group. I agree to direct my child to cooperate and conform with the directions and instructions of parish, school or diocesan personnel responsible for this activity

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations including but not limited to the Roman Catholic Bishop of Orange, A Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in SPY- St. Pius Youth and activities, programs and projects of the group described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child being injured as a result of his/her participation in SPY- St. Pius Youth and activities, programs and projects of the group including transportation to and from the activities, whether or not caused by the negligence, active or passive of the parish, school or diocesan youth activities program or any of its agents or employees, recourse for payment of any resulting hospital, medical or dental insurance, or any available benefit plans of mine or my spouse. I am aware of any medical condition of my child which would render it appropriate for him/her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

I hereby, give permission to the physician, nurse dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse dentist, or licensed care staff.

PARENT SIGNATURE DATE

I hereby, give permission to SPY supervisory personnel to administer non-prescription medication (based on the information stated above) to my above mentioned child in the event that it is deemed necessary.

PARENT SIGNATURE DATE