



YA
YOUNG ADULT

“to love and to serve God.”

ST. PIUS V YOUTH AND YOUNG ADULT
REGISTRATION FORM - ADULT ---VALID UNTIL REVOKED MEMBER.

NAME: _____

SCHOOL /EMPLOYMENT: _____

DATE OF BIRTH: _____ AGE: _____
PERSONS OVER 30 YEARS - YEAR OPTIONAL PERSONS OVER 30 YEARS OPTIONAL

PHONE: _____ E-MAIL: _____

CELL PHONE: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

MOTHER'S NAME: _____

PHONE: _____ CELL PHONE: _____

ADDRESS: _____

EMAIL: _____

FATHER'S NAME: _____

PHONE: _____ CELL PHONE: _____

ADDRESS: _____
(If different from Mother's above)

EMAIL: _____

PLEASE COMPLETE SIDE 2

Name of SPY Member: _____

Physician: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Allergies, Medical Problems, Disabilities: _____

I wish to participate in the St. Pius Youth and Young Adult Program, and as a condition of my 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, St. Pius V Parish and their officers, employees, and volunteer, from any and all claims for personal injuries or property damage that I may suffer as a result of my participation in any activity of the organization, whether or not such injuries or damages are caused by the negligence (active and passive) of any of the entities, individuals names or described above.

I hereby warrant and represent that I am physically fit and capable of participating in SPY activities. I make this warranty and representation on the basis of advise given to time by a duly licensed medical doctor within the last 6 months, and I know of no change in my medical condition since receiving such advise that would affect the opinion of the said medical doctor.

I agree to abide by the rules and regulations governing the above described organization and to obey any instructions given by the person having supervision and control over the organization.

I hereby authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said organization and its events and my participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

I warrant and represent that I am eighteen years of age or over, and upon request will produce satisfactory proof of such fact.

Signature: _____

Please print your name: _____

Date: _____

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