



ST. PIUS YOUTH
YOUNG ADULT REGISTRATION FORM

YOUNG ADULT

NAME OF YOUNG ADULT	
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
FATHER'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	NAME OF INSURED

I, _____ express my interest in participation in SPY- St. Pius Youth and Young Adult activities, programs and projects of the group. I agree to cooperate and conform with the directions and instructions of parish youth minister, assistants to the youth minister or diocesan personnel responsible for the activities.

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, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that I may suffer as a result of my participation in SPY- St. Pius Youth and Young Adult 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 I am injured as a result of my participation in SPY- St. Pius Youth and Young Adult 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. I am aware of any medical condition of mine that would render it appropriate for me 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 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.

YOUNG ADULT'S SIGNATURE

DATE