



**JUNE 16-17, 2017**

Registration Fees

\$20 per person

Late Registration (after June 1<sup>st</sup>)

\$25 per person

**PARTICIPANT INFORMATION – Complete & Sign (Please print clearly)**

(Children between ages 6-9 must have parent to stay overnight with them)

1. \_\_\_\_\_ **KID S M L** **ADULT S M L XL**  
 LAST FIRST AGE GENDER SHIRT SIZE

Medications presently taking \_\_\_\_\_ Any illness and chronic/long term illness \_\_\_\_\_

Any known food/drug allergies \_\_\_\_\_ Participant signature \_\_\_\_\_

**NOT STAYING OVERNIGHT** \_\_\_\_\_  
 NAME OF PERSON PICKING UP PARTICIPANT RELATIONSHIP TO PARTICIPANT

2. \_\_\_\_\_ **KID S M L** **ADULT S M L XL**  
 LAST FIRST AGE GENDER SHIRT SIZE

Medications presently taking \_\_\_\_\_ Any illness and chronic/long term illness \_\_\_\_\_

Any known food/drug allergies \_\_\_\_\_ Participant signature \_\_\_\_\_

**NOT STAYING OVERNIGHT** \_\_\_\_\_  
 NAME OF PERSON PICKING UP PARTICIPANT RELATIONSHIP TO PARTICIPANT

3. \_\_\_\_\_ **KID S M L** **ADULT S M L XL**  
 LAST FIRST AGE GENDER SHIRT SIZE

Medications presently taking \_\_\_\_\_ Any illness and chronic/long term illness \_\_\_\_\_

Any known food/drug allergies \_\_\_\_\_ Participant signature \_\_\_\_\_

**NOT STAYING OVERNIGHT** \_\_\_\_\_  
 NAME OF PERSON PICKING UP PARTICIPANT RELATIONSHIP TO PARTICIPANT

4. \_\_\_\_\_ **KID S M L** **ADULT S M L XL**  
 LAST FIRST AGE GENDER SHIRT SIZE

Medications presently taking \_\_\_\_\_ Any illness and chronic/long term illness \_\_\_\_\_

Any known food/drug allergies \_\_\_\_\_ Participant signature \_\_\_\_\_

**NOT STAYING OVERNIGHT** \_\_\_\_\_  
 NAME OF PERSON PICKING UP PARTICIPANT RELATIONSHIP TO PARTICIPANT

**EMERGENCY CONTACT PERSON - MANDATORY** [person(s) other than parent/legal guardian]

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Primary Contact Person's Name Phone

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Secondary Contact Person's Name Phone

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Doctor's Name Phone

**PARENT CONSENT** (please read, check each applicable statement)

- I GRANT** permission for over the counter medication to be administered to my child as needed
- I AUTHORIZE** any medical treatments deem necessary in case of an emergency. I will also be responsible for all related costs and expenses that incur
- I GRANT** permission for my child to participate in Our Lady of Lourdes all age appropriate activities and games

**CONSENT & LIABILITY WAIVER**

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age. If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) \_\_\_\_\_, grant permission for my child, (participant's name (s)), \_\_\_\_\_ to participate in Our Lady of Lourdes Youth Day to be held on June 16-17, 2017, at Our Lady of Lourdes Catholic Church (6550 Fairbanks N. Houston Road, Houston, TX 77040).

I agree on behalf of myself, my child's other parent if known or living (name of parent), \_\_\_\_\_, my child named herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the sponsoring parish (its pastor, youth ministry leader, principal, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless and negligent.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

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Parent/Guardian Name Phone

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Parent/Guardian Signature Date

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Email

**Our Lady of Lourdes Parish**  
6550 Fairbanks N. Houston Road  
Houston, TX 77040