



JUNE 16-17, 2017

- Must be at least 18 yrs old
- Virtus trained
(class will be offered for those who have not completed course)

VOLUNTEER FORM – Complete & Sign (Please print clearly)

Last Name First Name Age Gender

Email Address Phone

T-Shirt Size: ADULT SM MED LRG | **I AM VIRTUS TRAINED**

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

Primary Contact Person's Name Phone

Secondary Contact Person's Name Phone

MEDICAL INFORMATION

Doctor's Name Phone

Medications presently taking Any known food/drug allergies

Any current illness and chronic/long term illness

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

CONSENT & LIABILITY WAIVER

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.

Volunteer Signature Date