



St. Christopher's Parish
1171 Clarkson Road North, Mississauga, ON L5J 2W1 (905) 822-1171
Registration & Liability Release Form

Participant's Name _____ Birth Date _____

Address _____

Parish _____

Parent's Name _____ Parent's Phone Number _____

Emergency Contact (other than parent) _____ Phone Number _____

Family Physician _____ Phone Number _____

Allergies _____

Current Medications _____

Any Pertinent Medical History _____

Participant's Health Card Number _____

Parent/Guardian

I, _____ (print name), give permission to my above named child to attend the **OCY Youth Rally in Midland** (which includes transportation to and from the event) on **July 24/25, 2004**. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by licensed medical personnel with the understanding that attempts to contact me if necessary be made. I relieve the organizers of this event, St. Christopher's Church, its priests and personnel of all responsibility and consequences that may arise as a result of the treatment.

I will not hold the organizers of this event, St. Christopher's Church, its priests or personnel liable in the event of injury.

I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My child agrees to abide by all of the rules and regulations stated by the organizers of this event, including the stipulation that no alcohol, drugs, or weapons are allowed.

I understand that the organizers of this event will not be held liable if my child fails to co-operate with regulations, and that any infraction of the rules may result in immediate dismissal.

Signature of Participant _____

Signature of Parent (if participant is under 18) _____

Date _____