Holy Family Parish — Enrollment & Permission Form

Participant Information

Last Name | *First Name* | *Middle Name*

Address | *City* | *State* | *Zip Code*

Phone Number – Home | *Date of Birth* | *Grade Entering in Faith Formation:*

Parent/Guardian Information

1 – Mother's Name | *Maiden Name* | *Cell Phone* | *Email*

2 – Father's Name | *Cell Phone* | *Email*

Alternative Emergency Contact (NOT a parent)

Emergency Contact Name | *Phone Number* | *Relationship*

Allergies (Include food allergies)

Health Insurance (Only for Grades 6-12)

Insurance Company Name | *Policy Number*

Medical History (Only for Grades 6-12)

Medications (Only for Grades 6-12)

Medication Name | *Dosage* | *Frequency of Dosage*

Please use back of form for any additional information that you feel we may need to know.

I give permission for my child to participate in the 2011 & 2012 activities, events and retreats sponsored by Holy Family Parish, Faith Formation, Edge and/or Life Teen. I understand and agree that I will be responsible for any costs, fees or other expenses related to my child, including but not limited to any damage done to other's property, return costs to home due to expulsion from any activities, events and retreats and/or medical costs. I understand that while participating in these activities, events and retreats, my child must follow the instructions and directions provided by adult personnel and that he/she must abide by the code of conduct policies. I understand that my child's failure to follow instructions, directions and/or the Code of Conduct may result in his/her immediate expulsion from the activity, event, retreat, Faith Formation, Edge and/or Life Teen. Photos and videos will be taken throughout the 2011 & 2012 activities, events and retreats. Should you not want your child photographed or recorded, you must notify Holy Family Parish in writing at 127 Chapel Drive, Syracuse, NY, 13219.

I hereby give permission for any and all medical attention to be administered to my child in the even of accident, injury, sickness, etcetera, under the direction of the director and/or coordinators, until such time as I may be contacted.

I hereby certify that I am voluntarily signing this permission and medical release form; I intend to be legally bound by the terms of this document and fully understand its significance.

Print Parent/Guardian's Name

Parent/Guardian's Signature | *Date*

Office Use

Sunday / Tuesday Amount Paid:_____ Cash / Check:_____ By:_____

Notes:

Updated 7.14.2011