



Date of the Event: March 6-7, 2010

---- Save this part---- ✂ Fill out and submit this part with payment by _____
---- ✂ Ultimate Outing Permission and Emergency Release Form

Participant's name:

Date of Birth: _____ Grade Level:

High School: _____ High School Graduation Year:

Home Address:

City: _____ State: _____ Zip: _____

Participant's Email Address:

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Home Phone: _____ Cell Phone: _____

Family Physician:

Phone:

Please list any medical concerns (e.g. allergies) that your child has and that we need to be aware of:

List any medication your child needs administered on this outing:

Parents: if drivers are needed, I am able to drive _____ youths. (We will call you by the _____ before the event if we need you to drive.)

I, _____, parent/guardian of _____, agree to indemnify the Missionaries of our Lady of Divine Mercy, Holy Trinity Catholic Church, Youth Ministers, Teachers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in **The Hunger for Mercy Event {March 6-7, 2010}** including the cost of any medical care given my child or any expenses or fees incurred in any law suit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity. I further give my consent that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to

perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I authorize Holy Trinity Catholic Church, and the Missionaries of our Lady of Divine Mercy to use my child's picture or video recording for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should notify Holy Trinity Youth Ministry in writing.

Signature of parent or guardian: _____ Date: _____

For Office Use Only: Date: Check Number: Amount: