



Saint Louis LIFETEEN

Luke 18

Registration Information

Participant's Name: _____ Gender: _____ Age: _____ Birthday: _____

Parent/Guardian: _____ H-Phone: _____

Address: _____ W-Phone: _____

City: _____ State: _____ Zip: _____ C-Phone: _____

Emergency Contact Name: _____ **Phone #:** _____ **Relation:** _____

Medical Information

Insurance Co. _____ Policy# _____ Group# _____

Family Physician _____ Phone # _____

Allergies	Current Medication	Medical History

Other Information:

Permission Forms

I grant permission for my child (participant) to participate in the Saint Louis Life Teen LUKE 18 from Friday, February 17 – Sunday, February 19th at Bishop DuBourg High School (and accompanying sleep houses).

Parent/Guardian Signature: _____ Date: _____

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, etc.) to be given to my child, if deemed advisable by the medical personnel provided by Saint Louis Life Teen.

Parent/Guardian Signature: _____ Date: _____

I relieve Saint Louis Life Teen and its volunteers of all responsibility & consequences that may arise as a result of this treatment. I will not hold Saint Louis Life Teen and its volunteers liable in the event of injury. Further I agree to accept all financial responsibility as a result of scheduling medical treatment. My child agrees to abide by all the rules & regulations stated by Saint Louis Life Teen and all staff/volunteers. I understand that Saint Louis Life Teen will not be liable if my child fails to cooperate with the regulations, and that any infractions of the rules may result in immediate dismissal from the retreat at my expense.

Parent/Guardian Signature: _____ Date: _____

I furthermore authorize Saint Louis Life Teen to use photographs and/or images in connection with printed or electronic presentations for the purposes of advertising Saint Louis Life Teen youth programs, provided that the photographs and/or images shall not be identified with my child's name & Saint Louis Life Teen will not sell such photographs and/or images to any other person or entity without my consent.

Parent/Guardian Signature: _____ Date: _____