

2018 Life is Precious Trip (January 18-21) Registration and Medical Form

PLEASE PRINT

FIRST NAME _____ LAST NAME _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

E-MAIL (Parents' email): _____

HOME PHONE: _____

CELL PHONE: _____

DATE OF BIRTH (MM/DD/YYYY): _____

PARISH (or Catholic School): _____

PARISH/SCHOOL LOCATION: _____

Grade (As of September 2017): _____ 9th _____ 10th Gender: _____ Female
 _____ 11th _____ 12th _____ Male
 _____ Not Applicable – I am an adult participant*

*All adult participants attending the 2018 Life is Precious Trip will be required to complete a Background Review and Safe Environment Protection Training. The Office of Youth and Young Adult Ministry will be in touch directly with all adults.

Personal Physician's Name: _____ Physician Phone #: _____

Health Insurance Provider and Policy Number: _____

Please list any current medical conditions, allergies, or dietary considerations.

EMERGENCY CONTACT(S):
Name _____ Phone Number: _____
Name _____ Phone Number: _____

I GIVE MY PERMISSION FOR THE OFFICE OF YOUTH AND YOUNG ADULT MINISTRY TO CONTACT ME ABOUT FUTURE DIOCESAN EVENTS. _____ YES _____ NO