Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade (upcoming school year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical/Drug Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food/Other Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cost:** $10/person (Rising 7th-12th graders)

**Schedule**: 7:00 – 9:00 pm. (Rising 7th-12th grade) (No dinner provided)

**Location:** Corpus Christi. Room TBA

**Medical Release**

In the event of an illness, I request that the designated volunteer or the Coordinator of Youth Evangelization obtain medical treatment on my behalf for my student if I or the emergency contact cannot be reached. Prescription medication will be given in its original container with dosage information on it. I understand reasonable precautions will be taken to safeguard the health and well-being of my child and that I will be contacted immediately in case of emergency or accident. I will not hold the Parish, Diocese of Phoenix, the Chaperone or Coordinator of Youth Evangelization responsible for accident or injury.

**Behavior Agreement**

My child, named above, will dress and act respectively; use no verbal or physical abuse of self or others; will be responsible for their own belongings; and will not leave the designated area at any time for any reason without contacting the adult in charge. I understand that if the child named above is involved in serious disruptive behavior that I will be contacted immediately and be responsible for their immediate transportation home.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_