

# Jesus Festival 2008 Registration- Please Print- Return to Group Leader

Participant's Name: \_\_\_\_\_

Shirt Size: S M L XL XXL

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female

E-mail: \_\_\_\_\_

School: \_\_\_\_\_

Parish/Group: Anderson Life Teen

Group Leader: Rebecca Fritchie

Insurance Policy Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Current Allergies: \_\_\_\_\_

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

My child can be given Tylenol? \_\_\_yes \_\_\_no

Parent/Guardian Names: \_\_\_\_\_

Mother's Cell phone #: \_\_\_\_\_ Father's Cell phone #: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Relationship : \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_ Alternate #: \_\_\_\_\_

The undersigned do hereby release, forever discharge and agree to hold harmless St. Louis de Montfort from and against any and all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death, of property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant.

The undersigned further agree to indemnify and hold St. Louis de Montfort and its respective members, directors employees and agents harmless from and against and all claims, demands, action, lawsuits and liabilities, including attorney fees and expenses sustained by the Indemnities as the result of negligent, willful or intentional acts of the undersigned and/or participant.

The undersigned agrees to also hold Saint Ambrose Parish, St. Mary's Parish, the Diocese of Lafayette in-Indiana and its' respective employees, volunteers, and others harmless from the above.

If the participant is under 18 years of age: I the parent/guardian of the participant do hereby grant permission of Jesus Festival to take said participant to a doctor or hospital and hereby assume all responsibilities for all medical bills. Further, should it be necessary for the participant to return home due to medical, disciplinary action or otherwise, I assume all responsibility and transportation.

Check # \_\_\_\_\_ enclosed.  Cash enclosed  I will use Market Day money I've earned.  I need financial assistance. Cost is \$65 per person. Make checks payable to St. Ambrose Youth Ministry.

Parents are please needed in order to attend! Thank you in advance for your assistance! Please check all that apply.

\_\_Drive teens to Fishers on Friday \_\_Pick up teens from Fishers on Sunday \_\_Chaperone all weekend \_\_Spend the night \_\_Fri. \_\_Sat. \_\_Tag team Chaperoning: \_\_Fri. \_\_Sat. morning \_\_Sat. afternoon \_\_Sat. evening \_\_Sunday \_\_I am unavailable all weekend.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_