



CYO Summer Clinics 2017 Registration, Health & Permission Form

Saint Kateri Parish, 445 Kings Hwy S, Rochester, NY 14617

\$25 per youth covers up to 6 sessions. Circle all that you would like to attend. Bring your own Basketball, jump rope, and water bottle.

OFFICE USE ONLY

Total Amount _____ Cash Check # _____

Date _____ Rec'd by _____

Child Last Name _____ Child First Name _____

Address _____

City _____ Zip _____

Date of Birth _____ Sex F ___ M ___

School _____ Grade in Fall 2017 _____

Primary Phone (_____) - _____

Parish/Church Registered _____

Grades 5-7 - 1-3pm

July 8 15 22 29

August 5 12

Grades 3-4 - 2-4pm

July 9 16 23 30

August 6 13

Mother/Guardian Information

First and Last Name _____

Maiden Name _____

Address if different from child _____

Work Phone () _____

Cell Phone () _____

E-Mail Address _____

Father/Guardian Information

First and Last Name _____

Address if different from child _____

Work Phone () _____

Cell Phone () _____

E-Mail Address _____

Emergency Contact if Parent/Guardian is Not Available

Name/Relationship: _____ Phone: (_____) _____

List any allergies or special needs/concerns/dietary restrictions, health concerns:

1. _____
2. _____
3. _____
4. _____

List any medications (prescription and non-prescription) currently taking—include dosage:

1. _____
2. _____
3. _____
4. _____

Health Insurance Co _____ Policy # _____

Physician _____ Phone _____

I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical emergencies only, and for the release of medical records to an attending health care professional in case of illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

I appoint the designated parish faith formation facilitator to act on my behalf in authorizing necessary emergency medical, dental, surgical care, and hospitalization necessary to protect the child's life and health while he/she is participating in any parish faith formation, youth ministry and sacramental preparation sessions.

I give permission to use pictures of my child (without identifying by name) in parish publications.

***Parent/Guardian Signature: _____ Date: _____