

# 7D8 Registration

Participant Name: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent(s) Cell Phones: \_\_\_\_\_

\_\_\_\_\_

T-Shirt Size: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

## Parent Permission

I \_\_\_\_\_

(parent/guardian) give my child permission to join **7D8** for the 2007-08 year.

Members of St. John's Y \_\_\_ N \_\_\_

If no, where do you attend church? \_\_\_\_\_

Registered for Generations of Faith Y \_\_\_ N \_\_\_

\_\_\_ As a parent/guardian I am interested in the Parent Session offered periodically at 7D8.

\_\_\_ I would need babysitting services if I attended the parent sessions.

In the case of an emergency, the following person is authorized to act on my behalf if I cannot be reached:

Address \_\_\_\_\_

\_\_\_\_\_

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

Allergies or Medical Issues we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Insurance# and carrier in case of an emergency: \_\_\_\_\_

I hereby release safe and harmless **7D8 St. John the Baptist and Ss Peter and Paul Catholic Churches** from any and all liability for any and all injuries resulting from this activity. Parent or guardian acknowledges that no medical/dental insurance is afforded by **7D8 and St. John's & SSPP** for participants of this activity.

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

I am available to provide treats on these 7D8 dates: \_\_\_\_\_

I am able to chaperone at 7D8 on these dates: \_\_\_\_\_

Please return to *your Parish Youth Minister* or mail to:

**7D8**

c/o Peter Bierer

St. John the Baptist Catholic Church,

632 S Broad St, Mankato, MN 56001