



St. Vincent's Cathedral Youth Event Form

TO BE VALID
this
application
must be fully
completed.
Please double
check!

Event Name: _____ Event Date: ____/____/____

Please Check One: ADULT YOUTH

Please print in INK

Church: _____ City: _____

Name: _____ Name on nametag: _____ Birthday _____
 LAST FIRST MIDDLE

Age _____ Grade _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Pager / cell _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency Contact _____ Phone: Home _____ Work _____

Physician _____ Office phone _____



If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

- For this participant's safety and our knowledge, this participant is a—
 good swimmer fair swimmer non-swimmer
- Does this participant have allergies to—
 None pollens medications food insect bites
 other: _____
- Does this participant suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap other: _____
- Date of last tetanus shot: _____
- Please list any prescription medications the participant is taking (type/dose/frequency):
- Please list and explain any major illnesses the participant has experienced during the last year:
- Should this participant's activities be restricted for any reason? Please explain: