



# YOUTH MEDICAL RELEASE AND WAIVER FORM

DIOCESE OF SAN JOSE - St. Nicholas & St. William  
Winter Retreat 2017



BASIC	
First Name & Last Name	Birth Date:
Parish:	School:
Grade:	Gender:
Doctor's Name:	Doctor's Phone:
Insurance Company:	Policy #:
PARENT INFORMATION	
Name of Parent:	Name of Parent:
Parent Phone #:	Parent Phone #:
Email Address	Email Address
Home Address:	City & Zip
EMERGENCY CONTACT	
Name and Relation:	Phone:

(PLEASE MAKE SURE EMERGENCY CONTACT WILL BE AVAILABLE March 10-12, 2017)

**PLEASE ATTACH A COPY OF YOUR CHILD'S MEDICAL CARD.**

## RELEASE FORM

I request that the Roman Catholic Diocese of San Jose, St. Nicholas and St. William, permit my child to participate in the Winter Retreat 2017 to be held at Mt. Hermon Christian Conference Center on March 10-12, 2017. I understand that reasonable precautions will be taken to safeguard the health and well being of my child, and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to any x-ray exam, anesthetic, medical, dental or treatment and hospital care to be rendered to my child under the general care and advice of any physician, dentist or surgeon licensed to practice in any state. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred.

By signing this form, I hereby grant permission for my child to be photographed and/or videotaped during this event. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the Confirmation Conference. **Please print "Photo Opt Out" by the signature if you do not want this permission granted.**

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR QUESTIONS, PLEASE CONTACT DAVID CORTESE, DCORTESE@DSJ.ORG



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STUDENT	
Full Name:	T-shirt size
Food Allergies	
Other Allergies or medical concerns	

## YOUTH CODE OF CONDUCT

I agree to uphold and exemplify positive Catholic values, and I understand that my participation in this event requires compliance with rules and regulations regarding my conduct. Specifically, I agree that during my participation in the event:

- I will follow the directions of adult leaders;
- I will treat adult leaders and other participants with respect;
- I will stay with my assigned group, and participate in the approved activity;
- I will dress appropriately at all times;
- I will not use, bring, or be under the influence of illegal drugs or alcohol;
- I will not smoke or use tobacco products;
- I will not engage in inappropriate sexual behavior;
- I will not be in the possession of or use firearms, knives, or weapons of any kind;
- I will not engage in acts of violence, stealing, dishonesty, gambling, or profanity; and
- I will respect the physical property of the facility and of others, and will not engage in acts of vandalism.

I agree to abide by these rules and the supervision of adult leaders, and understand that violations will be dealt with in an immediate and appropriate manner. If I should be dismissed from participation in the event, I understand that my parents will be contacted to arrange for my immediate transportation home.

### Acknowledgment of Commitment:

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TEEN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### STAFF USE ONLY

Check #	Payment:

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