

**Our Lady of the Lake Catholic Church
 Saint John Bosco Mondays'
 Mondays, August 29, 2011 Beginning at 7pm until 9pm**

Full Name: _____		
Home Phone: _____	Parent Cell: _____	
Birth date: _____	Age: _____	
Grade: _____	School: _____	
Address/City/Zip: _____		
Parent/Guardian Name: _____		

Guardian Agreement and Permission:

In the event of any sickness or accident, I will not hold Our Lady of the Lake Catholic Church or the Catholic Diocese of Phoenix responsible. In case of sickness or accident, I authorize and consent to any X-ray examination, anesthetic and/or medical, dental or surgical diagnosis or treatment and hospital care to be rendered to my son/daughter under the general or specific supervision and on the advice of any physician, dentist, or surgeon licensed to practice in the state of Arizona or any other state. I further understand and agree that any such medical, dental, or hospital expense incurred shall be at my own expense.

Please list any health concerns or medication needed: _____

Insurance Company _____
 ID # _____ Group # _____
 Address of Insurance Co. _____
 Physician Name: _____ Phone: _____
 Allergies _____

I understand that reasonable precautions will be taken to safeguard the health and safety of the members and that I will be notified as soon as possible in case of an emergency. In the event that my child is involved in any illegal activity or serious destructive behavior I will be contacted immediately and am responsible for their immediate transportation home.

Signed by parent/guardian _____ Date _____

Participation Agreement:

I agree to listen to the rules given by Our Lady of the Lake Catholic Church staff and the other staff and leaders present on the premises. I agree not to bring any alcohol, drugs, or weapons, or participate in any fighting. If I break this agreement I acknowledge that I will be sent home immediately and my parents will be responsible for picking me up immediately or taking me home.

Signed by participant _____ Date _____