

**CATHEDRAL OF CHRIST THE KING LIFE TEEN**

2009-2010 ACADEMIC YEAR

*We ask that everyone fill this out completely each year so we may use this information for all events your teen attends during the 2008-2009 academic year. You only need to fill it out once each school year unless your information changes. Thank You.*

**Participant Name:** \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Home Phone(s):** \_\_\_\_\_ **T-shirt size:** S M L XL XXL

**Parent/Guardian Name(s):** \_\_\_\_\_ **Work Phone(s):** \_\_\_\_\_

Emergency Contact & relation to participant: \_\_\_\_\_ Phone: \_\_\_\_\_

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**PARENTAL CONSENT (signature required)**

I. I, the undersigned does hereby give permission for our (my) child to attend and participate in activities sponsored by the Cathedral of Christ the King LIFE TEEN Program.

II We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered.

III. I hereby grant permission for non-prescription medication to be given, if deemed appropriate.

IV. Should it be necessary for our (my) child to return home due to medical reasons, behavioral reasons or otherwise the undersigned shall assume all transportation costs.

V. The undersigned does also give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored be the Christ the King LIFE TEEN Program.

\_\_\_\_\_ Emergency #s: \_\_\_\_\_  
Father/Legal Guardian Signature Date (if different from above)

\_\_\_\_\_ Medical/Hospital Insurance Carrier \_\_\_\_\_

Mother/Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Relation to participant: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

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**MEDICATIONS (description and dosage):** \_\_\_\_\_

Drug allergies and other allergic reactions: \_\_\_\_\_

Date of last tetanus/diphtheria immunization: \_\_\_\_\_

**IMPORTANT!** Please list any physical limitations, medically prescribed diets, and specific medical conditions your teen may have on the reverse side of this form. Thank You!

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**TEEN CREED (signature required)**

Knowing that Life Teen activities are events where we can grow together and enjoy one another in God’s love, I pledge to respect all leaders, volunteers, peers and staff. I pledge to observe all the guidelines set by the Life Teen Core, the staff, and volunteers. I will not bring or do anything intoxicating, illegal, or immoral. I understand that smoking on any trip is not allowed. I will fully participate in all activities and encourage my peers to participate with me. I understand that if I stray from my pledge, or violate the trust of the staff at the host location or of the adult volunteers on these trips, my parents may be called to arrange to pick me up at their expense.

\_\_\_\_\_  
Signature of Participant Date

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