

INDIVIDUAL PARTICIPANT FORM

I hereby give permission for my child/ward _____ to participate in the ***Nun Run, March 17th - 19th 2017.*** I hereby release and indemnify the Diocese of Rockford, its staff and volunteers, all participating parishes and the Catholic Bishop of Rockford from any and all liability arising from claims of any kind or nature whatsoever from my participation in this program. I understand photography/videotaping for promotion and coverage by the Diocese of Rockford, as part of participation, and I give consent for that. I understand that this program are trips within Wisconsin.

Signature of Parent/Guardian	Date
Address	City/State/Zip

**The purpose of this event is vocation awareness.*

MEDICAL PERMISSION FORM & INSURANCE INFORMATION

I grant permission for the administration of first aid to my child _____ by the people in charge of the program and those transporting me to and from the program as their judgement deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that my next of kin will be promptly notified in the event of any illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the next of kin of the participant. In the event they cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for myself. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned pursuant to this authorization.

Signature	Date
Physician	Physician's Phone Number

INSURANCE INFORMATION

Insurance Company	Policy in the Name of:
Policy Number	I.D. # or Social Security #

Please list any **allergies or special medical problems** you may have.
Should it be necessary for our me to return home due to medical reasons a family member will be called and expected to pick me up or make arrangements for me to be picked up immediately.

Signature of Parent/Guardian	Date
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Note: In case of custody agreement permission form must be signed by parent(s) who has (have) custody currently.

Nun Run! Registration Form

Please also complete the Form below and mail both in as soon as possible.

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Parish: _____

Date of birth: _____

Email: _____

Health History

1. Do you have any health or other problems we should know about? Please explain:

2. Do you take any medication? If so, what type, what is it for:

3. In case of an emergency, please list two or three people and phone numbers for contact:

Name: _____ Phone #'s: _____

Name: _____ Phone #'s: _____

Name: _____ Phone #'s: _____

4. Registration fee:

\$90.00

Enclosed

Please mail to: Vocation Office – 555 Colman Center Drive. - Rockford, IL, 61125.

For more information or questions contact the Vocation office:

Phone: 815-399-4300. E-mail: vocations@rockforddiocese.org.or dbarger@rockforddiocese.org

MAKE CHECKS PAYABLE TO: VOCATION OFFICE