

INDIVIDUAL PARTICIPANT FORM

To participate in the ***Nun Run, March 8th – 12th, 2019***. 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 Illinois, Indiana and Kentucky.

Signature

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 _____ 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

Date

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: Enclosed
\$90.00 _____

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