

**St. Matthew Teen ACTS 2019  
Registration and Medical Consent/Permission to Treat**

**Teen ACTS  
July 18-21 2019  
TECABOCA, 5045 Junction Hwy, Mountain Home, TX 78058  
FEE \$175.00**

I am giving permission for my child to attend this event and medical permission/consent to treat.

To the best of my knowledge, my child, \_\_\_\_\_, is in good health and I assume all responsibility for his health.

**Participant's email** \_\_\_\_\_ **Participant's T-shirt size** \_\_\_\_\_

In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised, if possible, prior to any further treatment by the hospital or doctor.

Parent's Name \_\_\_\_\_ Parent's email \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

**In case of emergency, please contact:**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Please include a photocopy of your insurance card, front and back.**

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

My child is taking the following medication (s): **PLEASE FILL OUT THE MEDICATION SHEET. PLACE N/A IF NEEDED.**

My child is allergic to the following: \_\_\_\_\_

Reaction: \_\_\_\_\_

My child's immunizations, to include a tetanus shot are current and up to date \_\_\_yes\_\_\_ no

My child has the following limitations: \_\_\_\_\_

I remain legally responsible for any personal actions taken by my child.

I agree on behalf of my child, myself, my heirs, successors, and assigns to hold harmless and defend St. Matthew Parish, its officers, directors, agents, and the Archdiocese of San Antonio from any liability for illness, injury or death arising from or in connection with my child attending the above named event, and I agree to compensate the parish, its officers, directors, and agents, and the Archdiocese of San Antonio, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith. I understand that at this event or related activities, my child may be photographed. I agree to allow my child's photo, video or film likeness to be used for any legitimate purpose by the organizers and/or assigns.

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