



**Cabrini High School**  
**2019 Summer Sports Program**  
*Registration – Part 2*

**For Emergency Purposes Only**

Name: (Other than parent) \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Primary: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Hospital: \_\_\_\_\_

Allergies or Comments: \_\_\_\_\_

\_\_\_\_\_

**Parental Consent:** I hereby give written permission for my child to attend summer sports programs at Cabrini High School. As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurements, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to contact me.

Enrolling a student into the Cabrini summer sports programs constitutes the consent of his/her parents or guardians for the student's name, voice or likeness to be used in news publications, audio-visuals, and other electronic transmissions including the Cabrini website.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



**PERMISSION and RELEASE, DEFENSE, HOLD HARMLESS AND INDEMNITY AGREEMENT**

I/We, \_\_\_\_\_, the undersigned parent(s) of \_\_\_\_\_, a camper at Cabrini High School, Inc., hereby:

\_\_\_\_\_ Grant Permission      \_\_\_\_\_ Do Not Grant Permission

to Cabrini High School, Inc., to photograph, videotape and/or film my/our child and to publish and/or print my/our child's photograph and/or likeness on videotape and/or film on the Cabrini High School's website, on social media, on the Internet, and/or on the world-wide web and/or in any other publications, brochures and/or publicity that Cabrini High School deems fit in its sole discretion.

If I/we grant permission above, I/We, hereby further agree to defend and do hereby release, indemnify and hold harmless Cabrini High School, Inc., Missionary Sisters of the Sacred Heart of Jesus, Incorporated, their members, directors, officers, employees, agents, representatives and/or insurers from any and all claims and/or damages on behalf of myself/ourselves and/or on behalf of my/our child arising from the photographing, videotaping, filming, publication and/or printing of my/our child's photograph or likeness as set forth above.

This agreement shall remain in force and effect at all times during my/our child's enrollment at Cabrini High School camps.

\_\_\_\_\_  
Student's Name (PLEASE PRINT)      \_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature      \_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Name (PLEASE PRINT)

\_\_\_\_\_  
Mother's Signature      \_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Name (PLEASE PRINT)