



**Parish Family of Saint John Vianney / Saint Thomas the Apostle  
SIX FLAGS YOUTH RALLY REGISTRATION**

Participant Name: \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
—  
Home Phone \_\_\_\_\_ Participant Cell # \_\_\_\_\_  
Email address \_\_\_\_\_  
Name & phone # in emergency \_\_\_\_\_  
Parish/Church \_\_\_\_\_ School attending \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**Parental Permission:**

I give full permission for my daughter/son \_\_\_\_\_ to participate in the Six Flags Catholic Youth Rally attended by St John Vianney and St Thomas Parish, on **Sunday, May 20 2018 from 7:00 AM to 9 PM at Six Flags Great Adventure in Jackson NJ.** I do not hold St John Vianney/St Thomas parish or any member thereof responsible. If my child is disrespectful, uncooperative, or does not follow the rules I will be notified by the coordinator to pick up my son/daughter.

**Photo/Video Waiver**

I DO / DO NOT (circle one) give my permission for the posting of photos or video that may contain my son/daughter. Photos/Video may include a caption describing the activity. Photo/video will not contain the last name, home address, or telephone number for any child involved. This permission will be in effect until I request a change in writing.

If medical attention is required in the course of the activity I hereby give my permission for my son/daughter to be treated.

**Please complete medical form on back.**

**Parental Signature & Date** \_\_\_\_\_

**PERMISSION & AUTHORIZATION OF CONSENT TO  
MEDICAL TREATMENT FOR A MINOR CHILD**

I give permission to my son/daughter to attend the **Catholic Youth Rally on Sunday, May 20 2018 from 7:00 AM to 9 PM at Six Flags Great Adventure in Jackson NJ.**

I authorize the bearer of this note to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility under the general or specific supervision of a licensed physician or surgeon. We will not hold St John Vianney/St Thomas Parish and/or members responsible for any injury or loss of personal property.

Dated this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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**(Signature of parent or guardian)**

This authorization is good only for the activity listed above and includes transportation to and from and time spent at designated location for the activity.

Existing medical problems of child, if any:

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Child's allergies, if any:

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Medicines child is taking, if any:

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Date of last tetanus shot:

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Is there any other health/physical information we should know about your child:

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Family Physician's Name: \_\_\_\_\_

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

Group # \_\_\_\_\_ Identification # \_\_\_\_\_

Phone # where parent/guardian can be reached during above activity: \_\_\_\_\_

Name of a friend/relative to be contacted if you cannot be reached:

Name \_\_\_\_\_ phone # \_\_\_\_\_