

The ROCK @ Sacred Heart Southbury, CT

Registration Form

Child's Name _____ Phone _____ Cell _____

Current Grade _____ Email Address _____

Parent's Name _____ Phone _____ Cell _____

Parent's Email Address _____

Student's Street Address _____

City/State/Zip _____

I grant permission for my son/daughter _____ to participate in The ROCK @ Sacred Heart, from May 2009 to Sept. 2010.

As a parent and/or legal guardian, I remain legally liable for any actions or damage made by the above named minor. I agree on behalf of myself, my child named herein, our heirs, successors and assigns to hold harmless and defend Sacred Heart Parish, its officers, directors, agents, employees, representatives associated with events from any and all liability claims, loss or damage arising from or in connection with my child attending events or in connection with any illness or injury or cost of medical treatment in connection therewith.

Are there any medical conditions that we should be aware of? _____
If so, please explain _____

List any medications that would accompany your child. _____

In the event of an emergency and I cannot be reached, I hereby give permission to transport my child to a hospital or medical facility and to seek medical attention.

Emergency Contact _____ Relationship _____

Phone _____

Hospital Preference _____

Signature of Parent _____ Date _____