**Sacred Heart of Jesus Catholic Church**

***Lamplighter Krewe* Registration Form**

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| What is your child’s first and last name? | What grade have they most recently completed? |

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| Parent/Guardian Name: | Phone Number: |

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| --- | --- |
| Emergency Contact: | Emergency Contact Phone Number: |

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| What is the emergency contact’s relationship to the parent? (ex: brother, sister, friend, parent, etc): |

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| --- | --- | --- | --- |
| Address: | City: | State: | Zip Code: |

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| --- |
| Email Address: |

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| Does your child have any allergies? If so, what are they? |

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| Many of the games will be active and outside. Does your child have any medical condition that would make this difficult or dangerous for them? If so, please provide details: |

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| Does your child read on or above grade level? If not, what grade level? |

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| What is your child’s shirt size? Circle one. **YS, YM, YL, XS, S, M, L, XL, 2XL** |

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| Please list any others who are allowed to pick up your child from the program. Anyone not listed on this form will not be allowed to pick up your child. | |
| Full Name: | Phone Number: |
| Full Name: | Phone Number: |
| Full Name: | Phone Number: |
| Full Name: | Phone Number: |
| Full Name: | Phone Number: |

*I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of an injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then exist, so as to preserve and protect the life, limb, health, and well-being of my child.*

*In consideration of the parish allowing my child to participate in this event, I do hereby agree to forever indemnify, exonerate, hold-harmless, and defend the parish, the pastor, the staff members, volunteers, all youth ministry personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and in said bishop’s individual capacity, and their respective successors in office, from all claims, demands, actions, and causes of action, arising out of or in any way pertaining to any bodily injury or illness, including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action, or suti is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of The Indemnitees.*

**Parents/guardians sign initials here** \_\_\_\_\_\_\_\_\_\_\_\_

*This Indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnitees, or when the amount of liability exceeds the said insurance policy limits. I assume all risks and hazards incidental to or attendant with my child’s participation in the above named activity, and in each phase of it.*

*I request that in the event of any medical emergency or other emergency involving my child during the above named event, when neither myself or the child’s other parent is readily available to be contacted by phone, that the adult supervisor contact the person listed as the emergency contact, who will have authority to speak for me with respect to the emergency needs of my child.*

*I hold that my child will conduct himself/herself in proper manner and failure to abide by standard codes of conduct will cause my child to be dismissed from the above named event. I understand that if my child is dismissed from the event, I will be expected to travel (or send an adult designee) at my expense to the event location and retrieve my child.*

*I have read and consent to all the above.*

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_ Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_