



# ST. GREGORY THE GREAT CATHOLIC SCHOOL

## SUMMER PROGRAM REGISTRATION FORM

### Student Participant Information

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Gender: Male/Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Student Primary Phone \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current School Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Parent/Guardian – Contact Information

First: \_\_\_\_\_ Last: \_\_\_\_\_ Ms., Mrs., Mr., Other: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell/Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Emergency Contact Information – Alternative Pickup/Release

#### Emergency Contact #1

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Cell/Primary Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Emergency Contact #2

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Cell/Primary Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Please list all persons, in addition to parents/guardians who are authorized to pick up your child:

1: \_\_\_\_\_ 3: \_\_\_\_\_  
2: \_\_\_\_\_ 4: \_\_\_\_\_

### Medical Release Information

#### Insurance Information

Policy Number: \_\_\_\_\_ Health Provider: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_



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Please list any medical problems, including any requiring maintenance medication (ie. Diabetic, Asthma, Seizures).

Medical Problem Required treatment Should paramedic be called?

\_\_\_\_\_ Yes / No  
\_\_\_\_\_ Yes / No  
\_\_\_\_\_ Yes / No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes \_\_\_ No \_\_\_ if yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication? Yes \_\_\_ No \_\_\_ if yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem that may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's / Guardian's Initials \_\_\_\_\_

I understand that St. Gregory the Great will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/ guardian.

Parent's / Guardian's Initials \_\_\_\_\_

St. Gregory the Great is not responsible for lost or damaged personal property. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/ or Physician).

Parent / Guardian Signature: \_\_\_\_\_

Parent / Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_