



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: _____ Current Grade: _____

Parent/Guardian – Contact Information

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

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: _____ relation: _____ 3: _____ relation: _____
2: _____ relation: _____ 4: _____ relation: _____

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: _____