

Jr. STEP Ministry
Ice Skating @ Ice Vault Arena
Sunday, November 5, 2017: 12:00-4:00 pm
Cost: \$10 (non-refundable)

Health Information - Release of Liability - Hold Harmless Agreement

NAME: _____ DATE OF BIRTH: ____/____/____
ADDRESS/CITY/ZIP: _____
NAME OF PARENT OR GUARDIAN: _____
PHONE: _____ EMERGENCY PHONE: _____
SCHOOL/HIGHSCHOOL: _____ GRADE: _____
PARISH (Or Church you attend): _____ CITY: _____
HEALTH INSURANCE COMPANY: _____ POLICY #: _____
Are you currently under the care of Physician, psychologist, psychiatrist? _____
Name of Family Physician: _____ PHONE: _____
Last Tetanus Shot: _____ Allergies to Drugs or Foods: _____
ALLERGIES TO: DOGS ___ CATS ___ BIRDS ___ OTHER _____
DOES YOUR CHILD HAVE ANY OF THE FOLLOWING CONDITIONS: (Check all that apply)
Heart Condition ___ Diabetes ___ Hypoglycemia ___ Physical Handicap _____
Do you have any special dietary needs or restrictions? _____
Special Medications, blood type or pertinent medical information: _____

I/we request that my/our child(ren) attend the Ice Skating at the Ice Vault Arena in Wayne, NJ on Sunday, November 5, 2017 from 12:00-4:00 pm, SPONSORED BY JR. STEP MINISTRY, as per times noted above under the auspices of St. Anthony's Church. I/we have read the foregoing Health Information/Release of Liability/ Consent to Treat Form and all answers are correct. I/we can be reached at the telephone numbers referred to above but if emergency medical care or treatment shall be necessary and if I/we cannot be contacted, I/we authorize the delegated agents of St. Anthony's Church to act on my/our behalf and approve treatment.

PHOTOGRAPHIC RELEASE: By signing this form, the parent/guardian gives permission and waives the right to any type of compensation, for their child to be photographed or video-taped at any/all youth group activities sponsored by the program. Pictures/Videos may be used for publicity or educational purposes.

I FURTHER UNDERSTAND THAT ST. ANTHONY OF PADUA, ST. ANTHONY OF PADUA JR. STEP MINISTRY, AND THE DIOCESE OF PATERSON, AND ITS LIABILITY INSURANCE CARRIER, SHALL NOT BE RESPONSIBLE FOR PAYMENT OF ANY MEDICAL BILLS, EXPENSES, COSTS, FEES OR DAMAGES WHICH MAY RESULT IN CONNECTION WITH MY PARTICIPATION IN THE PROGRAM AND ACTIVITY. I FURTHER AGREE THAT I SHALL BE SOLELY RESPONSIBLE FOR PAYMENT OF ANY SUCH COSTS, EXPENSES, DAMAGES AND/OR MEDICAL BILLS OR FEES WHICH MAY ACCRUE AS A RESULT OF MY PARTICIPATION IN THE ACTIVITY AND PROGRAM, REGARDLESS OF WHETHER OR NOT I MAINTAIN MEDICAL AND/OR LIABILITY INSURANCE COVERAGE FOR THE BENEFIT OF MYSELF. I FURTHER AGREE THAT I SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS, THE MOST REV. ARTHUR J. SERRATELLI, S.T.D, S.S.L., D.D., BISHOP OF THE ROMAN CATHOLIC DIOCESE OF PATERSON, ST. ANTHONY OF PADUA, ST. ANTHONY OF PADUA JR. STEP MINISTRY, AND THE DIOCESE OF PATERSON, ITS AGENTS, SERVANTS AND EMPLOYEES, FROM ANY AND ALL CLAIMS AND LIABILITIES INCLUDING BUT NOT LIMITED TO ATTORNEY'S FEES, WHICH MAY ACCRUE TO ANY AND ALL THIRD PARTIES AS A RESULT OF MY PARTICIPATION IN THE ACTIVITY AND PROGRAM.

DATE

PARENT/GUARDIAN SIGNATURE

APPLICANT SIGNATURE IF 18 YEARS OF AGE OR OLDER