



Roman Catholic

Diocese of Tucson

Pastoral Center Offices • P.O. Box 31 • Tucson, Arizona, 85702 • 520-838-2500

INDIVIDUAL REGISTRATION FORM

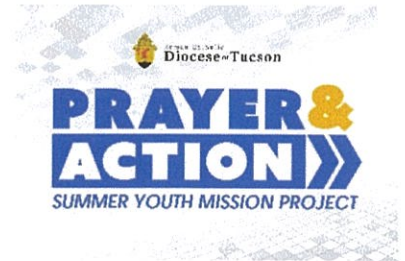
Please circle the week you are registering for:

June 16-21 Tucson

July 7-12 Yuma

July 14 - 9 Nogales

June 23-28 Tucson



Parish you are affiliated with:

Student Name:

Date of Birth:

Age you will be during Prayer & Action Week:

Grade entering in August 2019:

Cell phone number:

Mailing address:

Fee is \$50 per person per week. Please fill out a separate form if you are registering for multiple weeks. This form must be accompanied with the permission form.

Please accept my registration to attend Prayer & Action. I understand that by requesting to go, I am promising cooperation with the leaders and the Holy Spirit. I understand that the intention of this event is to help deepen my relationship with others and with God. I promise to follow instructions, be considerate, and come with an open mind and heart.

Student's Signature

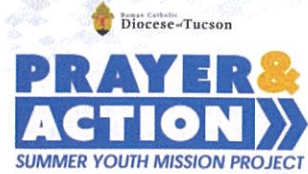
Date

Pastor's Signature

Date

Please send completed and scanned form with completed permission slip to Isabel Madrid.
imadrid@diocesetucson.org.

PARISH NAME
DIOCESE OF TUCSON



FIELD TRIP PARENT REQUEST & ACTIVITY WAIVER AND RELEASE FORM

ACTIVITY: Diocese of Tucson Prayer and Action Week 2019

DATE AND PLACE: Varies: Please mark which week your son/daughter is participating:

June 16-21 Tucson ___ July 7-12 Yuma ___
June 23-28 Tucson ___ July 14-19 Nogales ___

Check in starts at 11:30 AM each Sunday at the host parish and the camp ends at 12:00 noon the following Friday. Teens will participate in all Prayer and Action program activities, including working in all home repair and cleanup projects, workshops, Masses, meals and fellowship activities.

Parents are responsible for dropping off and picking up youth at beginning and end of Prayer and Action Week. Your Parish Chaperones will provide transportation throughout the Prayer and Action Week to all activities. Parish/School chaperones will provide proof of insurance and safe driving record to parish before being assigned as chaperones/drives.

I, as a parent or legal guardian, wish for my child _____ to
PRINT PARTICIPATING CHILD'S NAME HERE
participate in the activity described above, and as a condition of my child being allowed to do so, I hereby release and discharge the Roman Catholic Church Diocese of Tucson and Parish Corporations, its constituent organizations, including but not limited to _____, the Roman Catholic Church Diocese
PRINT LEGAL NAME OF PARISH HERE

of Tucson, and their officers, agents, employees and volunteers from any and all claims for personal injuries or property damage that my child may suffer as a result of my child's participation in the activity described above including transportation to and from such activity, whether or not such injuries or damage are caused by the negligence (active or passive) of any of the entities or individuals named or described above.

I hereby warrant and represent that my child is physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given to me by a duly licensed medical doctor within the last six months and I know of no change in my child's medical condition since receiving such advice that would affect the opinion of said medical doctor. Should there be a Medical Emergency involving my child, 911 will be called. I agree that any cost or expense related to any emergency will be paid by me, by my insurance company or any benefit plan of mine or child's other parent(s) or legal guardian(s). List medications, allergies and other necessary information we will need in case of emergency. Use back of page if needed.

I agree that my child will abide by the rules and regulations governing the above described activity and that my child will obey any instructions given by the person or persons having supervision and control over the activity.

I hereby grant permission for my child to be transported by provider listed above.

I hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein and the publication or other use thereof. I and I on behalf of my child, hereby waive any right to compensation therefore or any right that I or my child might otherwise have to limit or control such making or use.

I warrant and represent that I am the parent or legal guardian of the participating child and upon request will produce satisfactory proof of such fact.

By my signature below, I attest that I have read and fully understand this **Field Trip Parent Request & Activity Waiver and Release** document and agree to all its terms:

Signature of Parent or Legal Guardian _____

Print Name of Parent or Legal Guardian _____

Date Signed _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone _____ e-mail _____