

**St. Peter Chanel  
FUN NIGHT!  
Participant Registration Form**

Dear Parent,

For the safety of your loved one, we require that some information be provided about his/her medical needs. All information provided will be confidential and only communicated to the necessary caregivers and authorized personnel. In order for your loved one to continue to participate in Fun Night!, you must complete the necessary medical information and sign the Release and Waiver. By doing so, you agree to hold harmless all affiliated parties of Fun Night! who render medical care or treatment. Thank you.

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

For the benefit of the volunteers, and in the case of an emergency, please give us a brief statement explaining the primary disability of your son/daughter: (use back page if needed):

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Please list ALL medication(s) he/she is currently taking with a brief explanation of the medication usage: (Example: XYZ for seizures):

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Please list ALL allergies below: (Example: Allergic to penicillin, bees, peanuts, etc.):

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Please list the medical facility of your preference in the event of an emergency:

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Please provide any other medical information that may be helpful:

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**St. Peter Chanel**  
**FUN NIGHT!**  
**Emergency Procedure**  
*(Please read & sign)*

Below are the Emergency procedures for Fun Night at St. Peter Chanel Catholic Church.

In the event of an emergency **we will not waste time. The participant will be taken care of first!** We will:

1. Notify parent/guardian
2. Notify Emergency Medical Care (911)
3. Notify other appropriate officials.
4. Fully document the incident.

**\*We will implement this plan only when absolutely necessary. Otherwise, minor incidents will be communicated to the parent and documented as needed.**

In consideration of the welfare of the participant, listed below are some situations in which we will automatically **call 911:**

1. If a seizure lasts longer than 5 minutes
2. The participant stops breathing
3. Uncontrollable bleeding with an injury
4. If the participant suddenly becomes unconscious for no apparent reason.
5. Any kind of cardiac or other respiratory distress occurs
6. Any other situation in which the participant's vital signs are irregular and potentially life threatening

Participant Name: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_

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

**St. Peter Chanel**  
**FUN NIGHT!**  
**Release and Waiver**  
*(Please read & sign)*

I release, waive, and further agree, to hold harmless St. Peter Chanel Catholic Church, its successors, its volunteers, agents, employees and representatives thereof, from any claim which I, any guardian, sibling, the participant or any other affiliated party make from any losses, damages or injuries to the participant including the rendering of emergency medical procedures or treatments, if any, arising out of, during, or in connection with the participation in Fun Night!

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

Emergency Contact #: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address: \_\_\_\_\_

Please give us two other emergency contacts (not including you):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

I have also received and read the Emergency Procedure for Fun Night!

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

**St. Peter Chanel**  
**FUN NIGHT!**  
**Photo Consent Form**  
*(Please read & sign)*

I, \_\_\_\_\_ (Parent/Guardian Name), give consent to St. Peter Chanel Fun Night! to use (circle one) my son's/my daughter's photograph taken in connection with St. Peter Chanel Fun Night! for the purpose including, but not limited to, use in online parish newsletters, local news media, social media, promotional materials, or other media.

I release St. Peter Chanel Catholic Church, 11330 Woodstock Road, Roswell, GA 30075 from any and all liability that may arise in connection with such use.

I am the parent or legal guardian of the participant named below and have the legal authority to execute this consent and release.

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

Relationship to participant: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Date of Signature: \_\_\_\_\_