

***Bishop Chatard High School: Campus Ministry***  
***Cardboard City***  
***Tuesday October 23, and Wednesday October 24, 2018***

STUDENT NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

EMERGENCY PHONE #'S \_\_\_\_\_ OR \_\_\_\_\_

**INSURANCE INFORMATION: (Both lines MUST be completed.)**

**Family Health Insurance Company:**

**Policy Number:**

**PARTICIPATION CONSENT:**

I grant **permission for my child to participate** in the Cardboard City I will not hold Bishop Chatard High School or the Archdiocese responsible in the event of any injury or accident to my son or daughter while participating in the Cardboard City. I warrant that, to the best of my knowledge, my child is in good health and able to participate in all program activities. (Please submit a statement indicating limitations and/or conditions of which we should be aware.)

I agree that **my child shall abide by all Bishop Chatard rules and policies.** I agree that if my child fails to abide by the rules/policies, or engages in a serious infraction, he or she may be immediately dismissed from the event with no refund, and sent home at my expense. I agree to my child's participation in Cardboard City.

I understand that all **prescription and non-prescription medication will remain in the possession of the adult team leader** and be dispensed as prescribed. **In case of medical emergency,** I understand that every effort will be made to contact parents or guardian of participants. In the event that I cannot be reached, I hereby give permission to the Campus Ministry program directors to seek treatment for my son/daughter. I hereby give permission to the medical staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

I understand that my child may be photographed, unidentified in group situations; and I hereby grant permission for my child to be photographed & identified for releases to *Bishop Chatard* and the Bishop Chatard website and/or other promotions.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name: (Printed)** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Cost of event: \$20**

**If you would like to make a financial donation or additional donations such as gloves, hats, underwear, hand warmers, feel free. All donations will be donated to homeless agencies**