

# Diocese of Kansas City – St. Joseph

## PARTICIPATION FORM FOR YOUTH MINISTRY EVENTS

(Please Print)

### I. Event Information

Parish/School/Organization Name: St. Sabina High School Youth & Confirmation Youth

Event: Luke Spehar Concert

Destination: Our Lady of the Presentation Parish, Lee's Summit

Date/Time of Departure: April 5, 2020, 6pm Date/Time of Return: 9:15pm

Method of Transportation: Parent/volunteer drivers Participation Cost: FREE

### II. Participant Information

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

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN(optional): \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Other Contacts in case of illness or injury:

Name/Phone: \_\_\_\_\_

Name/Phone: \_\_\_\_\_

### III. Participant Health Information (Required only for events more than 6 hours in duration)

Are you in general good health and able to participate in normal activities?  Yes  No

If No, describe your limitations: \_\_\_\_\_

\_\_\_\_\_

Identify any over-the-counter medications you will be bringing to the event: \_\_\_\_\_

\_\_\_\_\_

All immunizations up to date?  Yes  No

Physician's Name/Telephone: \_\_\_\_\_

Participant's Health Insurance Provider: \_\_\_\_\_

Policy or Group# \_\_\_\_\_

Primary Policyholder's Name : \_\_\_\_\_

#### Optional Information (provide to the extent you feel is appropriate):

Identify any prescription medications you are taking, and frequency of dosage: \_\_\_\_\_

\_\_\_\_\_

Identify any special dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

Allergies, diseases, disorders, disabilities, surgeries or serious injuries: \_\_\_\_\_

\_\_\_\_\_