

# St. Michael the Archangel's QUEST 2009-2010 Academic Year Registration Form

We ask that everyone fill this out completely so we may use this information for all events your child attends during the 2009-2010 academic year. You only need to fill this form out once unless your information changes. Please return this form to the Religious Ed office as soon as possible. Thank you.

Teen Name: \_\_\_\_\_ Teen Social Security #: \_\_\_\_\_  
(Required for most hospital treatment)

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ T-shirt size: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parent's E-Mail: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

Address(if different): \_\_\_\_\_ Work Phone#: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone#:#: (\_\_\_\_) \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

Address(if different): \_\_\_\_\_ Home Phone#:: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone#:#: (\_\_\_\_) \_\_\_\_\_

Siblings: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#:: (\_\_\_\_) \_\_\_\_\_

## **PARENTAL CONSENT (signature required)**

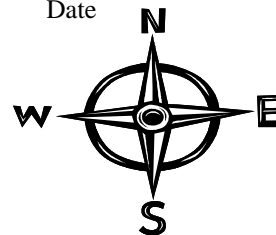
1. The undersigned does hereby give permission for our (my) child to attend and participate in activities such as skating, bowling, movies etc. sponsored by the St. Michael the Archangel's QUEST Program.
2. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist.
3. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered.
4. I hereby grant permission for non-prescription medication to be given, if deemed appropriate.
5. Should it be necessary for our (my) child to return home due to medical reasons, behavioral reasons, or otherwise, the undersigned shall assume all transportation costs.
6. The undersigned must provide transportation to and from all St. Michael the Archangel QUEST activities.

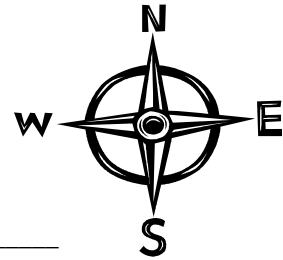
\_\_\_\_\_  
Father or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother or Guardian

\_\_\_\_\_  
Date





Please provide the following information and a copy of the teen's insurance card:

Medical/Hospital Insurance Carrier: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

Address and Phone # of Carrier: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Medications: \_\_\_\_\_ Date of last tetanus immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Food or Drug Allergies/Medical Conditions: \_\_\_\_\_

**IMPORTANT:** EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION/NOTE SHOULD BE ATTACHED TO THIS FORM.

**QUEST CONTRACT (SIGNATURE REQUIRED)**

*I understand that by requesting to go on QUEST trips, I am promising to cooperate with the QUEST staff, Priest, core members, and other teens throughout the trip. I promise to follow all instructions and rules. I understand that smoking on any trip is not allowed. I agree that I will not bring or use any illegal drugs or alcohol.*

\_\_\_\_\_  
Teen Date

**QUEST Information:**

Is there anything you would like to share about your child to help us get to know them better? \_\_\_\_\_

\_\_\_\_\_

Extra Curricular Activities: \_\_\_\_\_

\_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Favorite Music Group/Singer: \_\_\_\_\_

Church Ministries Involved In: \_\_\_\_\_

Special Friend at Quest: \_\_\_\_\_

