

*Participant Application and
Medical Release Form
Commission on Youth Ministries
Diocese of the Central Gulf Coast*

Happening # ____
Jump Start # ____
WinterWoods ____
Junior High Blast

Name _____ Gender _____

Address _____
City State Zip

Grade _____ Grad Year _____

Home phone _____ Own Phone _____

Date of Birth _____

E-mail address (please print carefully) _____

Home Church, City _____

Clergy/Youth Leader Signature _____

I, _____ agree to follow the rules of the event. I understand that in the case of any violation my parents will be notified and I may be asked to leave.

Signature of youth applicant _____

I give permission for medical treatment for my child named above while he/she is participating in this event and agree to be responsible for all expenses incurred in the course of such treatment.

Signature of parent _____ Date _____

Parent name _____

Work phone _____ Other phone _____

Alternate Emergency contact if parent is unavailable:

Relationship & phone _____

Insurance company _____

Group/Policy number _____

Please list dietary restrictions, known allergies, or medications that are taken regularly:

Please see accompanying information for payment and mailing instructions. Thank you. For more information please contact the Diocesan Coordinator of Youth Ministries

Cece Allen Dubuisson

18 Higdon Court

Ft. Walton Beach, FL 32547

Fax 850-863-4408

Phone 850-863-1414

If you fax application, please mail or deliver original; we need original signatures for medical release.