



SALESIAN YOUTH MOVEMENT WYD KRAKOW 2016 REGISTRATION FORM

Registration form must be filled out per person

Last Name: _____ First Name: _____

Date of Birth: _____ / _____ / _____ Age: _____ Sex: MALE FEMALE
Year Month Day

Address: _____
Number and Street City Postal Code

Daytime Tel: _____ Cell: _____

Email Address: _____

LIABILITY RELEASE

As a participant in the SALESIAN YOUTH MOVEMENT WYD KRAKOW 2016, I, the undersigned, in my name and in that of my parents, tutors and heirs, release ALL present and future responsibility (claims, loss or personal belongings, body or moral damage, additional expenses) of the Salesians of Don Bosco, Salesian Youth Movement, St. Benedict Church in Toronto, including their employees, their volunteers, and other related persons. I also renounce, clearly, any legal action against these persons resulting or attributable directly or indirectly to an action, an omission of these same persons concerning the preparation, the organization, the promotion and the carrying out of this pilgrimage tour.

Initial

CONSENT & RELEASE

I hereby acknowledge my participation in SALESIAN YOUTH MOVEMENT WYD KRAKOW 2016 hosted by World Youth Day Organization, the Salesians of Don Bosco, Salesian Youth Movement, St. Benedict Church in Toronto. I understand and assume all risks inherent with this event but I also understand that all reasonable care and supervision will be exercised to provide for the general well being for all participants. I individually, do hereby release, covenant not to sue, and save harmless: The Salesian Youth Movement, St Benedict Church, Salesians of Don Bosco, all employees, agents, volunteers for the event, from any and all claims, for any and all harm arising to me as a result of my participation in the event.

Initial

PHOTO & VIDEO RELEASE

I hereby give permission to be photographed and videoed SALESIAN YOUTH MOVEMENT WYD KRAKOW 2016 by the Salesians of Don Bosco, Salesian Youth Movement, St. Benedict Church in Toronto or their representative(s). These photographs and videos may be used reasonably by the Salesians in publications, including electronic publications and/or in audio-visual presentations, promotional literature, advertising or in other similar ways.

Initial

Signature: _____

Date: _____



SALESIAN YOUTH MOVEMENT WYD KRAKOW 2016 MEDICAL FORM

Medical form must be filled out per person

GENERAL INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____ / _____ / _____ Age: _____ Gender: MALE FEMALE
Year Month Day

Address: _____
Number and Street City Postal Code

Physician Name: _____ Physical Tel: _____

OHIP/ Health Care Number: _____

Travel Medical Insurance - Carrier & Policy Number: _____

PERSON TO REACH IN CASE OF EMERGENCY

	NAME	TEL #	ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____

STATE OF HEALTH

Do you have any allergies? YES NO If yes, please indicate: _____

Do you take medication? YES NO If yes, which ones?

MEDICATION	WHY	DOSAGE
_____	_____	_____
_____	_____	_____

OTHER MEDICAL PROBLEMS (CIRCLE ONLY THOSE THAT APPLY)

Asthma	Pulmonary	Epilepsy
Hypoglycaemic	Diabetes	Hypothyroid
Cardiac Problems	Orthosis/ Prosthesis	Blood Pressure

Other health concerns? _____

MEDICAL RELEASE

I hereby give permission to the group leaders representing the Salesians of Don Bosco, Salesian Youth Movement and St Benedict Church to obtain professional medical treatment for me in the unlikely event of injury or illness during this event. I request that the Emergency Contact be notified in a timely manner if such a need arises. I agree to pay any expenses incurred for such treatment(s).

Initial