



The Gift of Advent

Saint Margaret Mary Parish Office of Faith Formation for Children & YOUTH
Registration/health form

Friday, December 1; 6-8 p.m. (helpers 5-8:30; pizza incl.)

*Space is limited to 50 participants (PreK-Gr. 4)
and 25 student volunteers. (Gr. 5 & up)*

Participant/volunteer name: _____ Age: _____ Grade: _____

Participant: (Pre-K through Gr. 4) _____ Volunteer: High School _____ Gr. 5 & Middle School: _____

Participant/volunteer address: _____

Participant/volunteer parents' email address: _____

Person to contact in case of an emergency: _____

Relationship to volunteer/participant: _____ Phone: _____

Participant allergies, chronic illness, or other conditions:

(Please list all as the volunteers will be offered pizza and water)

Health information/issues/restrictions of which we should be aware: _____

Please note ALL medications your participant(s)/volunteer(s) is /are currently taking (including frequency & dosage) _____

Family Health Insurance Co. _____ Policy # _____

Family Physician _____ Phone# _____

Parental Release: In signing this form, I hereby certify that the above information is correct and give permission for my child to be transported to and from this activity. I give permission for the release of medical records to an attending physician in case of injury or illness.

In case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian of my child. In the event I cannot be reached, I hereby give permission to the physician attending my child to hospitalize, secure proper and necessary treatment for my son/daughter as named herein.

I agree that no liability is assumed by the Archdiocese of Boston, St. Margaret Mary Parish or St. Margaret Mary Rel. Ed. & Youth Ministry Program for claims that may arise out of this activity.

I agree that any photo or video of my child may be taken during **The Gift of Advent** and posted in the buildings of St. Margaret Mary Parish, Westwood and on the Saint Margaret Mary Parish website for the sole purpose of promoting God, our faith and this parish activity.

Parent(s)/Guardian(s) name(s): _____

Parent(s)/guardian(s) signature: _____ Date: _____

Parish: _____ Town: _____

Total number of sibling participants attending: _____

Please return form with fee (\$10 per student) to
St. Margaret Mary Parish 845 High Street Westwood, MA 02090
Checks made payable to: St. Margaret Mary Parish (Please note on check: **The Gift of Advent**)
Financial Aid is available. All requests confidential.