

Jr. STEP Ministry
Passaic Fire vs. NJ State Police Basketball Game
Sunday, February 17, 2019: 1:30 pm-4:30 pm (returning to parish center)
Cost: \$2 and one canned food item
(all food collected is being donated to our parish food pantry)

Health Information - Release of Liability - Hold Harmless Agreement

NAME: _____ DATE OF BIRTH: ____/____/____
 ADDRESS/CITY/ZIP: _____
 NAME OF PARENT OR GUARDIAN: _____
 PHONE: _____ EMERGENCY PHONE: _____
 SCHOOL/HIGHSCHOOL: _____ GRADE: _____
 PARISH (Or Church you attend): _____ CITY: _____
 HEALTH INSURANCE COMPANY: _____ POLICY #: _____
 Are you currently under the care of Physician, psychologist, psychiatrist? _____
 Name of Family Physician: _____ PHONE: _____
 Last Tetanus Shot: _____ Allergies to Drugs or Foods: _____
 ALLERGIES TO: DOGS___ CATS___ BIRDS___ OTHER_____
 DOES YOUR CHILD HAVE ANY OF THE FOLLOWING CONDITIONS: (Check all that apply)
 Heart Condition___ Diabetes___ Hypoglycemia___ Physical Handicap_____
 Do you have any special dietary needs or restrictions? _____
 Special Medications, blood type or pertinent medical information: _____

I/we request that my/our child(ren) attend the Passaic Fire vs. NJ State Police Basketball Game at Robert H. Westerfeld Gym, 158 Gregory Avenue in Passaic, NJ on Sunday, February 17, 2019 from 1:30 pm-4:30 pm, SPONSORED BY JR. STEP MINISTRY, as per times noted above under the auspices of St. Anthony's Church. I/we have read the foregoing Health Information/Release of Liability/ Consent to Treat Form and all answers are correct. I/we can be reached at the telephone numbers referred to above but if emergency medical care or treatment shall be necessary and if I/we cannot be contacted, I/we authorize the delegated agents of St. Anthony's Church to act on my/our behalf and approve treatment.

PHOTOGRAPHIC RELEASE: By signing this form, the parent/guardian gives permission and waives the right to any type of compensation, for their child to be photographed or video-taped at any/all youth group activities sponsored by the program. Pictures/Videos may be used for publicity or educational purposes.

I FURTHER UNDERSTAND THAT ST. ANTHONY OF PADUA, ST. ANTHONY OF PADUA JR. STEP MINISTRY, AND THE DIOCESE OF PATERSON, AND ITS LIABILITY INSURANCE CARRIER, SHALL NOT BE RESPONSIBLE FOR PAYMENT OF ANY MEDICAL BILLS, EXPENSES, COSTS, FEES OR DAMAGES WHICH MAY RESULT IN CONNECTION WITH MY PARTICIPATION IN THE PROGRAM AND ACTIVITY. I FURTHER AGREE THAT I SHALL BE SOLELY RESPONSIBLE FOR PAYMENT OF ANY SUCH COSTS, EXPENSES, DAMAGES AND/OR MEDICAL BILLS OR FEES WHICH MAY ACCRUE AS A RESULT OF MY PARTICIPATION IN THE ACTIVITY AND PROGRAM, REGARDLESS OF WHETHER OR NOT I MAINTAIN MEDICAL AND/OR LIABILITY INSURANCE COVERAGE FOR THE BENEFIT OF MYSELF. I FURTHER AGREE THAT I SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS, THE MOST REV. ARTHUR J. SERRATELLI, S.T.D, S.S.L., D.D., BISHOP OF THE ROMAN CATHOLIC DIOCESE OF PATERSON, ST. ANTHONY OF PADUA, ST. ANTHONY OF PADUA JR. STEP MINISTRY, AND THE DIOCESE OF PATERSON, ITS AGENTS, SERVANTS AND EMPLOYEES, FROM ANY AND ALL CLAIMS AND LIABILITIES INCLUDING BUT NOT LIMITED TO ATTORNEY'S FEES, WHICH MAY ACCRUE TO ANY AND ALL THIRD PARTIES AS A RESULT OF MY PARTICIPATION IN THE ACTIVITY AND PROGRAM.

DATE

PARENT/GUARDIAN SIGNATURE

APPLICANT SIGNATURE IF 18 YEARS OF AGE OR OLDER