



Registration for Youth Rally 2014

Name: _____

Age: _____

Parent Name (if under 18): _____

Phone: _____

Email: _____

Emergency contact

Name: _____ Phone: _____

Fee for Youth Rally: \$10

PARENTAL PERMISSION FOR EMERGENCY TREATMENT

In the event of illness or accident, I give my permission for emergency treatment by qualified medical personnel for my children.

RELEASE OF LIABILITY

Although the safety of all participants is the primary concern of the Youth Rally organizers, many indoor and outdoor activities presents certain risks of injury. I expressly assume the risk of injury or illness arising from any cause, and agree to waive the right to pursue any claim against the Sacred of Jesus Catholic Church and the Retreat organizers.

I agree to permit my child to attend the Youth Rally 2014 as described above.

Signature _____ Date _____

*** Contact Information ***

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