

Name*:	Date of Birth:			School grade NEXT YEAR:		
T– Shirt Size* (Circle size) Youth: SM	L OR Adult:	S M	L)	KL 2XL	3XL	
Allergies or Other Medical Conditions*:						
Parents Names:			_ Phone	e*:		
Email*:	Address*:					
Adult Volunteer— check here and please fil	ll out all previous	questions t	hat have	e an asterisk	* after it.	
Student Volunteer (7-12th grade) — check l	here & please fill o	out all previ	ous ques	stions, includ	le you and your parent's phone #.	
Please place an X in front of <u>all</u> areas where you	u are willing to vo	lunteer:				
Music Games Crafts S Set– Up Take Down Nurse						
Diocese of Pe	eoria, LIABILITY V					

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named student. I understand the risks this activity may present to my child, including, but not limited to, a serious personal injury or death. In consideration of my child being allowed to participate in this activity, I hereby release and agree to indemnify and hold harmless, the Diocese of Peoria, the parish, teachers, chaperones, volunteers, or representatives associated with the event, and their employees and agents, from any liability for injuries, damages, medical expenses, or any other loss to my child, family, or me (including attorney's fees) arising from or related to my child's participation in this activity.