ST. GREGORY THE GREAT SCHOOL
SUMMER ACTIVITY PROGRAM 2008

REGISTRATION AND RELEASE OF LIABILITY
(*All participants should be covered by their own medical insurance policies.*)

I do hereby release St. Gregory School, Parish and all Coaches, Directors and Counselors from the St. Gregory School Summer Recreational Program from any liability for any pre-existing injury or reoccurrence of any undisclosed pre-existing injury or illness of my child,_____.

Parent Signature Date

EMERGENCY INFORMATION (PLEASE PRINT)
(Please fill out a separate form for each child)

STUDENT'S NAME GRADE AGE DATE OF BIRTH

ADDRESS ZIP CODE

FATHER'S NAME WORK# HOME# CELL/PGR#

MOTHER'S NAME WORK# HOME# CELL/PGR#

Please provide an alternate name to notify in case parent/guardian cannot be reached:

NAME RELATIONSHIP PHONE NUMBER(S)