

**Archdiocese of Portland Office of Vocations**  
**Nun Run August 17-22, 2017**

**REGISTRATION FORM TO BE COMPLETED BY PARENT/LEGAL GUARDIAN**

I, \_\_\_\_\_ the undersigned, give my permission for \_\_\_\_\_  
(Parent/Legal Guardian) (Daughter)  
to participate in the Nun Run August 17-22, 2017 in San Francisco.

- I authorize the Archdiocese of Portland and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.
- I understand the guidelines for this activity of no smoking, drugs, alcohol, or weapons. In the interest in the safety of everyone, I give permission to the chaperones and staff of this event to inspect my child's belongings if there is cause to do so. "Cause" includes, but not limited to, rumors and reports from other students.  
Please initial here: \_\_\_\_\_
- I hereby give Archdiocese of Portland Vocations Office permission to use a photograph of the minor (person under 18) named below on its website ([www.archdpxvocations.org](http://www.archdpxvocations.org)), Facebook page, and flyers for youth events. I understand that there will be no identifying information (e.g. name, age, etc.) about the minor on the website, Facebook page or event flyers unless permission is revoked by written notice to Archdiocese of Portland Vocation Office. Please initial here: \_\_\_\_\_

Participant's Name \_\_\_\_\_  
Parish \_\_\_\_\_ Pastor \_\_\_\_\_  
School \_\_\_\_\_ City \_\_\_\_\_ expected graduation year \_\_\_\_\_  
Grade entering fall 2017 \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Allergies (foods, drugs, insects, etc.) \_\_\_\_\_

Medications (name, dosage, reason) \_\_\_\_\_

Other information (injuries, etc.) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group or ID# \_\_\_\_\_

**In case of emergency, please notify:**

Parent/Guardian (s) \_\_\_\_\_ Email \_\_\_\_\_

Day Phone Number(s) \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

Participant's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date