

SKI RETREAT 2012

Spots are filled on a first come first serve basis!!!!



- Things you need to turn in to save your spot:
- Bottom of this sheet page 1 and 2
 - \$100 (make checks out to Holy Family)

RETURN BELOW THIS LINE

Participant and Parent

All Participants and a parent or guardian must fill out this section:

I, (participant full name) _____, and my parent or legal guardian, (parent/ guard. full name) _____ agree on behalf of myself, my heirs, assigns, executor, and personal representatives, to hold harmless and defend Holy Family Catholic Church, Diocese of Nashville, its officers, director, agents, employees, or representatives associated with the field trip/mission trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip/mission trip.

Participant Signature _____ Date _____

Print name _____

Parent/ Guardian Signature _____ Date _____

Print name _____

Health Insurance Info

Name of Parent the coverage is through: _____ Name of Employer _____

SS# of above covered Parent: _____

Phone number of Insurance: _____

Name of Insurance Company/Provider: _____ Group # _____

ID# _____ Person that is financially responsible for teen: _____

Name of Emergency contact other than what is listed on page 1: _____

Emergency contact Phone: _____