



FEBRUARY 26, 2012
LINC BOWLING NIGHT #1
REGISTRATION

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Youth's Cell: _____

Father's Cell Phone: _____

Mother's Cell Phone: _____

Teens you want to drive with :

Parent/Guardian able to attending: Yes _____ No _____

Parent/Guardian able to drive: Yes _____ No _____

Vehicle passenger space including driver _____

This registration form, the complete Bowling Night #1 Permission Slip (See Reverse) and the \$20 Registration fee needs to be submitted to the youth office, RE Office or front desk by Wednesday, February 22, 2012 by 7pm. Make checks payable to St. Margaret Mary with LinC Bowling Night #1 in the memo line. **No Refunds!!!!**



Departure Time From St. Margaret Mary: 6:30pm

Return Time to St. Margaret Mary: 10pm

ST. MARGARET MARY ALACOQUE PARISH
LinC Bowling Night #1—February 26, 2012
PERMISSION/MEDICAL RELEASE FORM

(not needed for 18 years or older)

_____ in _____ has my permission to attend St. Margaret Mary Parish and the
Teen's Name **Grade**
LINC's Bowling Night #1 @ PV Bowl in Torrance, California on February 26, 2012. The undersigned authorizes
the Adult Leaders of St. Margaret Mary Youth Ministry to provide and authorize medical treatment for
_____ during the above-referenced time period. The undersigned hereby agrees to
Teen's Name
release the St. Margaret Mary Youth Ministry Teachers/Leaders of any and all liability, responsibility and damages
whatsoever including but not limited to accidents, personal and mental injury, illness and death that may occur dur-
ing the above-referenced time period.

EMERGENCY MEDICAL INFORMATION

Parent's Name: _____ Phone #: _____

Address: _____ Work #: _____

Parent's Cell # _____ Policy ID# _____

Insurance Carrier: _____ Policy #: _____

Carriers Address: _____

Family Doctor: _____ Phone #: _____

List any medications this child takes on a regular or daily basis: _____

Special Medical Instructions - include any known allergies: Please Attach

In case Parent cannot be reached, please contact:

Name **Relationship** **Phone**

I, the undersigned, hereby agreed with the above-referenced participation in the Religious Education Program, Release and Medical Au-
thorization.

Dated **Signature of Parent/Legal Guardian** **Print Name of Parent/Legal Guardian**