



**FEBRUARY 20, 2012**  
**LINC BOWLING NIGHT #2**  
**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 #2 Permission Slip (See Reverse) and the \$20 Registration fee needs to be submitted to the youth office, RE Office or front desk by Wednesday, May 16, 2012 by 7pm. Make checks payable to St. Margaret Mary with LinC Bowling Night #2 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 #2—May 20, 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 #2 @ PV Bowl in Torrance, California on May 20, 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:**

_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>

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

_____	_____	_____
<b>Dated</b>	<b>Signature of Parent/Legal Guardian</b>	<b>Print Name of Parent/Legal Guardian</b>