

Gonzaga Candidate Application -- January 7th-8th : Pontiac, IL

Name _____
 First MI Last

Age _____ Date of Birth _____ School _____

Graduation Year _____

Address _____

Phone () _____ Parish/Church _____

Denomination _____

Email Address _____

Complete as applicable:

Interests, hobbies, or school activities you participate in

How did you hear about Gonzaga? _____

What do you hope to get out of Gonzaga _____

Are you vegetarian or on a special diet? _____

Please enclose \$25 registration fee.

Applicant Signature _____ Date _____

Permission Form for St. Mary's Gonzaga Experience

Parent/Guardian's name: _____ Phone _____

Home Address _____

I, _____, grant permission for my child, _____ to participate in St. Mary's Gonzaga Experience. This activity will take place under the guidance and direction of Gonzaga volunteers. I understand the risks such activities presents to my child, including, but not limited to serious personal injust or death. Any questions I have concerning this activity have been answered.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above aed minor. In consideration for my child being allowed to participate in this activity, I hereby release and agree to indemnify and hold harmless the Gonzaga team, the Catholic Diocese of Peoria, their employees and agents, and any volunteers assisting Gonzaga, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorney fees) arising from or related to my child's participation in this activity.

On occasion Gonzaga may take photographs or make audio or video tape recording of participants involved in activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used by Gonzaga publications or advertising materials to let others know about Gonzaga. In addition, local news organizations may hear of our activities or events and Gonzaga may invite or allow them to photograph or record our events to be used, distributed, or displayed as agents of Gonzaga see fit. This consent includes but is not limited to photographs, videotape, and audio recordings.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Transportation for St. Mary's Gonzaga Experience

Transportation may be provided to and from the retreat center by volunteer drivers: I understand that if my child is provided transportation by Gonzaga volunteers, all volunteer drivers will be 25 years of age or older, have a minimum liability coverage of \$100,000/\$300.000 and have completed of Diocese of Peoria Safe Environment program. I hereby Release and Agree to Indemnify and Hold Harmless St. Mary's, the Gonzaga team, the Catholic Diocese of Peoria, their employees and agents, and any volunteers assisting Gonzaga, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorney fees) arising from or related to my child's transportation to or from this activity.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Medical Information/ Emergency Form

Student Name _____

Address _____ Date of Birth _____

Primary Care Physician _____ Phone _____

Medical Conditions: Please list any medical conditions of the student (asthma, diabetes, epilepsy, etc):

List any allergies or allergic reactions to medication of the student minor:

Other pertinent medical information: _____

Date of most recent tetanus shot: _____

Medical Insurance Information:

Insurance Company: _____ Plan # _____

Employee Identification # _____

Emergency Contacts:

Parent or Guardian _____

Phone _____ Secondary Phone _____

Other Contact: Name _____

Phone _____ Relationship to student _____

Authorization for Emergency Medical Treatment

This information will be kept in the possession of the school/parsh. A copy will be distributed to the person in charge of the trip. Should the need arise this information will be given to the proper medical authorities.

I, _____, (parent/guardian) understand that in the case of illness or injury to my child, _____, (child's name) the parish will try to notify me or the person I have listed as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the parish to arrange for the transportation of my child, whether by ambulance or others, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic and sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgement or medical authorities at the facility.

Signature of Parent/Guardian _____ **Date** _____