

R.O.O.T.S.

Saturday, February 10th, 11:00 am -1:00 pm

Family Name: _____

Address: _____

Phone #: _____ Email: _____

**Please list all participants below:*

Participant's Name	Current Grade

Allergies/ Medical Conditions/Special Needs

Please list any medical conditions, special needs or special assistance needs for any participant.

Emergency Contact

Name: _____ Relationship: _____

Phone #: _____

Videotaping & Photography

I give my permission for the child(ren) listed above to participate in the videotaping and/or photographs which may be taken during the program. They may be used for future promotional efforts.

Parent/ Guardian: _____ Date: _____

First Aid & Parental Consent

I grant permission for the administration of First Aid to my child(ren) listed above by the people in charge of this program. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my child.

Parent/ Guardian: _____ Date: _____

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Volunteer Form

Please print legibly

Volunteer's Name: _____

Phone #: _____

Email: _____

_____ *I am an adult interested in assisting*

_____ *I am a HS teen interested in assisting*

_____ *I am a JH teen interested in assisting*

Protecting God's Children

All minors (17 and under) must sign and return an "Application Form for Minors Serving with Children" (This form can be picked up in the Faith Formation Office).

All volunteers 18 or older must go through the Joliet Diocese "Protecting God's Children" training. If you have not yet gone through this training, please indicate that in the appropriate area below and we will send you the dates of upcoming trainings.

Protecting God Children (PGC): (only applies to those 18 or older)

I have gone through the PGC training: _____

I have not gone through the PGC training: _____

Thank you in advance for all your help!