

Open House  
St. Basil's Seminary  
195 Glenbrook Road  
Stamford, CT  
April 21, 2018

## Registration Form

First Name: Last Name: Age:

Street Address:

City: State: Zip:

Participant's e-mail:

Parish:

Parent's phone #:

### Parental Permission (MUST BE FILLED OUT AND SIGNED)

I/We give permission for our son, \_\_\_\_\_, to attend the Open House event to be held at St. Basil Seminary on April 21, 2018 (7:30a.m.-7:30 p.m.).

I/We give permission, if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Ukrainian Catholic Eparchy of Stamford, and the Ukrainian Catholic Seminary in Stamford of all responsibility and consequences that may arise as a result of this treatment nor will they be held responsible in the event of injury. Future, I agree to accept any and all financial responsibility as a result of scheduling such treatment. My own child agrees to abide by all the rules regulations as given by adults in charge. I understand that the sponsors will not be held responsible or liable in my child fails to cooperate with regulations and that any infractions of the rules may result in immediate dismissal from the convention. I will be responsible for any cost or other requirements for immediate transportation home.

\_\_\_\_\_  
Parent/Guardian Signature & Date

As a participant, I understand and agree to follow all directions given by convention personnel. I also understand and agree that I will notify my parents or guardian at the time of any infractions requiring my dismissal from the Convention and that I will be sent home at my parent's/guardian/s expense.

\_\_\_\_\_  
Participant Signature & Date

My Child is allergic to:

My child must take the following medication (indicate dosage, frequency, etc.):

You should be aware of the following medical condition:

In case of Emergency notify: Phone#: