

**EUCCHARISTIC CONGRESS**



ARCHDIOCESE OF ATLANTA JUNE 12-13 2009

**Archdiocese of Atlanta  
Eucharistic Congress Kid Track  
June 13<sup>th</sup>, 2009**

*Registration in person 7:30AM to 10:00AM*

*Program begins at 10:30AM – Children must be picked up between 4:00PM and 4:30PM*

Name of Child: \_\_\_\_\_ Child's Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Additional comments regarding medical history, allergies, medications, or other conditions:

---

---

Name of someone on-site (parent, guardian, friend, etc): \_\_\_\_\_

Cell phone: \_\_\_\_\_ Phone active onsite:  Yes  No

Name of someone on-site (parent, guardian, friend, etc): \_\_\_\_\_

Cell phone: \_\_\_\_\_ Phone active onsite:  Yes  No

In the event of an emergency, please contact the person (s) named below:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I hereby grant permission for my child, \_\_\_\_\_ to participate in the Kid Track of the 2009 Eucharistic Congress, I grant permission for Archdiocesan employees or volunteers to administer first aid treatment and to seek emergency medical treatment for my child in the event that such treatment is deemed necessary. I grant my permission to those administering medical treatment to do so. I release and hold harmless the Archdiocese of Atlanta and its employees and volunteers from any liability whatsoever when acting on my behalf in regard to medical treatment, and in any other respect deemed necessary. I understand that my child may be removed from the room if s/he is not following the rules, is having difficult time cooperating and/or participating in the activities. My child will then be in the custody of the Eucharistic Congress Security and I will pick him/her up in the Security office.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Kid Track Staff only:

Child's assigned location (section color / group #): \_\_\_\_\_