



8<sup>th</sup> Annual Walk for Life West Coast  
Saturday, January 21, 2012  
Parental Permission & Release Form

Event Information

WHAT: Rally in front of City Hall at 12:30pm and prayerful walk commences at 1:30pm  
WHEN: Saturday, January 21, 2012, 12:30pm-3:30pm  
WHERE: San Francisco Civic Center Plaza, along Market Street, and Justin Herman Plaza  
WHY: To be a vocal and visual message that people of the West Coast stand for life

Participant Information

PARTICIPANT'S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARISH: Chinese Catholic Community BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ DOCTOR'S PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

Are there any known allergies to food or medications that those who work with your young person should be aware of? YES NO

If YES, explain: \_\_\_\_\_

Are there any known physical, psychological, or emotional limitations that would affect this young person's participation in this event? YES NO

If YES, explain: \_\_\_\_\_

EMERGENCY CONTACT IN THE EVENT THE PARENT(S) CANNOT BE NOTIFIED:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Release Form

I request that the San Jose Chinese Catholic Community, Watermark Youth Group, permit my child to participate in the 8<sup>th</sup> Annual Walk for Life West Coast to be held from 12:30pm-3:30pm on Saturday, January 21, 2012 in San Francisco. I understand that reasonable precautions will be taken to safeguard the health and well being of my child, and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to any x-ray exam, anesthetic, medical, dental or treatment and hospital care to be rendered to my child under the general care and advice of any physician, dentist or surgeon licensed to practice in any state. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_