

INCIDENT REPORT

DATE: _____ TIME: _____

PARISH/AGENCY: _____

ADDRESS: _____

LOCATION AT WHICH INCIDENT TOOK PLACE: _____

DESCRIPTION OF INCIDENT: _____

A PERSON OR PROPERTY INVOLVED IN THE INCIDENT:

ADDRESS: _____

AGE: _____ TELEPHONE NUMBER: _____

NATURE AND EXTENT OF INJURY OR PROPERTY DAMAGE:

WHY WAS THE PERSON ON PREMISES? _____

WITNESSES

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

POLICE/FIRE DEPARTMENT

NAME OF OFFICER: _____

BADGE NUMBER: _____

TELEPHONE NUMBER: _____

AMBULANCE: _____

REMARKS: _____

SUBMITTED BY: _____ DATE: _____

TITLE: _____

ADDRESS: _____

DAYTIME TELEPHONE: _____

ACCIDENT INFORMATION

Date _____ Time _____ A.M. Daylight
 P.M. Dark

LOCATION:

 (Name of Street or Highway Number) (Closest Intersection or Landmark)

 (City, Town, County) (State)

WEATHER:

Clear Raining Snowing Fog
 Sleetng Dust/Smoke/Fog High Wind Other _____

AREA:

Residential Commercial Rural Other _____

PAVEMENT:

Asphalt Concrete Gravel/Dirt Brick/Stone
 Steel Wood Other _____

CONDITION:

Dry Wet Slippery Pot Holes
 Other _____

DIRECTION:

N E S W Other

Yours _____
 Other _____

SPEED:

Posted Actual when danger noticed

Yours _____
 Others _____

TRAFFIC CONTROL:

Stop sign:
 1 Way 2 Way
 3 Way 4 Way
 Yield Semaphore
 Police/Flag Person Railroad
 Uncont.Intersec Not an Intersec.

SEAT BELTS:

Used Not used

ACCIDENT DESCRIPTION

Briefly tell how the accident happened. Indicate movement of involved vehicles when hazard was first noticed, warning, or evasive action taken and length and position of any skid marks.

Draw an accident sketch. Show and label roadway, indicate number of lanes, direction of travel and signs. Number each vehicle and show direction of travel from point hazard was noticed to point of impact by a solid line and any travel after impact by a dotted line.

INJURIES - Describe nature of any apparent injuries:

Driver:

Injury _____

Passenger:

Name _____

Address _____

Injury _____

Other Driver:

Name _____

Address _____

Injury _____

Other Passenger, Pedestrian:

Name _____

Address _____

Injury _____

Name _____

Address _____

Injury _____

Where taken after accident _____

POLICE OFFICER ASSISTING

Name _____

Headquarters _____

Police report made? Yes No

Citations issued: _____

PROPERTY DAMAGE - Describe nature of damage:

Year Vehicle _____

Property other than Vehicles _____

Owner _____

Other Vehicle _____

Owner _____

Driver _____

Vehicle Make _____

Insurance Company _____

WITNESSES

Name _____ Phone () _____

Address _____

Name _____ Phone () _____

Address _____

Name _____ Phone () _____

Address _____

Name _____ Phone () _____

Address _____

(THIS SECTION IS ON NEXT PAGE AND IT IS TO BE CUT AND PASTED HERE)

DIOCESE OF CHARLOTTE

AUTOMOBILE ACCIDENT REPORT

(KEEP THIS IN YOUR VEHICLE AT ALL TIMES)

IF YOU ARE INVOLVED IN AN ACCIDENT:

1. **STOP AT ONCE.** Check for personal injuries and send for an ambulance, if needed. Do not leave the scene, but ask for the assistance of a bystander.
2. **DO NOT ADMIT LIABILITY.** Make no statements regarding fault, liability, or payment of bills.
3. **DO NOT ARGUE OR DISCUSS THE INCIDENT.** Speak only with church officials, police, or your insurance representative.
4. **SECURE THE ASSISTANCE** of a police officer whenever possible and record their name and badge number.
5. **RECORD** the names and addresses of all witnesses and occupants of involved vehicles.
6. **COMPLETE THIS REPORT AT THE SCENE** and mail copies immediately to:

GALLAGHER BASSETT SERVICES, INC.

7. **WITHIN 24 HOURS** call and report the incident to:

GALLAGHER BASSETT SERVICES, INC.

WORKERS' COMPENSATION ACCIDENT REPORTING FORM

(INSERT FORM)
NORTH CAROLINA INDUSTRIAL COMMISSION
WORKERS' COMPENSATION FORM

AUTOMOBILE INSURANCE IDENTIFICATION CARD

SAMPLE CARD May 26, 1996, 2:55 PM

NORTH CAROLINA INSURANCE CARD

Messages

Company Name: United National Insurance Company
Subject to self-insured retention under _____

Please place this card in the glove box of the listed vehicle.

Report any vehicle changes to _____

Name of insured: Catholic Bishop of Charlotte, a Corporation Sole
and St. Sample Parish

Policy Number	Effective Date	Expiration Date
CPK-12345	07-01-96	07-01-97

Vehicle Description

Year	Make	Model	Vehicle Identification Number
1995	Ford	Taurus	1P2345PH3456RD1234

Examine policy exclusions carefully. This form does not constitute any part of your insurance policy or bond.

Additional information, if any

To Report a claim, call Gallagher Bassett Services at
(____) _____

Date issued: July 1, 1996

SAMPLE IDENTIFICATION CARD

(fold here)

St. Sample Parish
347 West Sample Street
Charlotte, North Carolina _____

Volunteer Driver Information Sheet

Driver

Name:	Telephone:
Address:	
Birth Date:	SS#:
Driver's License #:	

Vehicle

Owner:	Registration #:
Address:	
Year/Make/Model:	

Insurance (When using a privately owned vehicle, the Insurance coverage of that vehicle is primary.)

Insurance Company
Policy Number
Expiration Date
Liability Limits*

*Please note: The minimal acceptable liability for privately owned vehicles is \$100,000/\$300,000.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students.

Date

Signature

Volunteer Driver Information Sheet

Driver

Name: Michael Marshmellow	Telephone: (____) _____
Address: 78 S. Soft Dr., Buffalo, NC 60600	
Birth Date: 1/01/01	SS#: 001-23-4567
Driver's License #: M321-8765-0984	

Vehicle

Owner: Same	Registration #: CRASH 1
Address: Same	
Year/Make/Model: 1925 Ford Model T	

Insurance (When using a privately owned vehicle, the Insurance coverage of that vehicle is primary.)

Insurance Company	Unsafeco
Policy Number	MV-0987654-ZZ-321
Expiration Date	5/5/92
Liability Limits*	\$500,000 per occurrence/combined single limit

*Please note: The minimal acceptable liability for privately owned vehicles is \$100,000/\$300,000.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students.

Date

Signature

SAMPLE

DIOCESE OF CHARLOTTE OUTSIDE USER/SPECIAL EVENTS COVERAGE

Name of Parish or Institution	Street Address	City	Zip
Name of Location/Building	Address To Be Used		
Name of Sponsoring Organization or Individual Lessee (To Be Named Insured)*	Type of Special Event (Example: Wedding, Meeting, etc. Please Specify.)		
Contact Person(s)	Address	City	Telephone
Specify Date(s) of Event	Time of Event		
Is Liquor Being Served? _____	Is Food Being Served? _____		_____
Yes/No			Yes/No
Approximate Number of Participants _____			

THIS NOTIFICATION OF AN EVENT MUST REACH THE DIOCESAN OFFICE
AT LEAST SEVEN (7) DAYS PRIOR TO THE EVENT

Special Events coverage through:
 Cost of coverage:
 Limits of General Liability Coverage:
 Host Liquor Liability:
 Each Claim for Bodily Injury and Property Damage:

Coverage provided only for the event and dates specified above.
 Prompt notification of any loss or incident is required.

*Named Insured (See Above) Lessee	Additional Insured (Parish or Diocesan Entity)
Signature of Named Insured Sponsoring Organization Representative	
Signature of Pastor/Parish Administrator or Diocesan Representative	

COMPLETE AND SIGN THIS FORM AND REMIT PAYMENT TO:
 Diocese of Charlotte
 Attn: Rev. Mr. Guy Piche
 P.O. Box 36776
 Charlotte, NC 28236

Parish Instructions: 1) Make four (4) copies of this form when completely filled out; 2) Give the outside user's contact person one (1) copy; 3) Keep one (1) copy for your file; 4) Mail the original form and two (2) copies to the Chancery with the payment check. Be sure the check is payable to the "Diocese of Charlotte".

SAMPLE FORM - USE AS A GUIDE

DIOCESE OF CHARLOTTE_

PARENT PERMISSION FORM

To the Principal of _____ School:

I, hereby, consent to _____ participating in the field trip
to **(describe** _____ **trip** _____ **in** _____ **detail)**

TIME AND DATE: _____ . I understand that transportation will be
by _____ .

I agree to direct my child to cooperate and conform with directions and instructions of the supervisory personnel in charge of the field trip. Should it be necessary for my child to have medical treatment while participating in this trip, I, hereby, give the school personnel permission to use their judgment in obtaining medical service for my child and, I, give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

I agree that in the event my child is injured as a result of his or her participating in this field trip, including transportation to and from such activity, through the negligence (active or passive) of the school, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

(Parent or Guardian)

(Address)

(Home Phone)

(Work Phone)

(Date)

SAMPLE FORM - USE AS A GUIDE

SPORTS AND YOUTH ACTIVITY PERMISSION FORM

DIOCESE OF CHARLOTTE

YOUTH ACTIVITY _____

CHILD'S NAME _____ PARISH _____

ADDRESS _____ PHONE _____

(Street, City, Zip)

SCHOOL _____ GRADE _____ BIRTH DATE _____

PARENT/GUARDIAN'S NAME _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

(Street, City, Zip)

PERSON(S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ PHONE _____

I, the parent (guardian) of the above named child, hereby, give my permission for his/her participation in the youth activities named above. I agree to direct my child to cooperate and conform with directions and instructions of parish, school or Diocesan personnel responsible for youth activities.

I agree that in the event my child is injured as a result of his/her participation in the above named youth activities, including transportation to and from these activities, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I, hereby, give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

ADULT LEADER _____ ADULT LEADER _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

DIOCESE OF CHARLOTTE

Child/Minor Athletic Participation Release Form

Child/Minor Name:	
Address:	
Parent/Guardian Name:	
Home Telephone: ()	Work Telephone: ()

Important Information

The Catholic Bishop of Charlotte (the CBC) and _____ Parish (the Parish) are committed to conducting its athletic programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in athletic programs must recognize, however, that there is an inherent risk of injury when choosing to participate in athletic activities. The CBC and the Parish continually strive to reduce such risks and insist that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize the CBC and the Parish do not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the CBC or the Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the CBC and the Parish requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Waiver and Release of All Claims

Please read this form carefully and be aware in registering your minor child/ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

Program: _____ Program Dates: _____, 199__.

As the parent/guardian of the participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I or my minor child/ward may have, as a result of participating in the program, against the CBC, the school, the parish, and their respective agents, servants, and employees.

I do hereby fully release and discharge the CBC, the school, the parish, and their respective officers, agents, servants, and employees from any and all claims from injuries, (including death), damages or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of participation in the program.

I further agree to indemnify and hold harmless and defend the CBC, the school, the parish, and their respective officers, agents, servants, and employees from any and all claims resulting from injuries, (including death), damages and losses sustained by me or my minor child/ward or arising out of, connecting with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize the CBC or parish officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details, Waiver, and Release of All Claims and Permission to Secure Treatment.

(Parent/Guardian Signature)

(Date)

DIOCESE OF CHARLOTTE

Child/Minor Athletic Participation Release Form

Child/Minor Name:	Joseph Jock, Jr.	
Address:	123 Pushup Ln., Anywhere, NC	
Parent/Guardian Name:	Joseph Jock, Sr.	
Home Telephone:	() _____	Work Telephone: () _____

Important Information

The Catholic Bishop of Charlotte (the CBC) and St. Joseph Parish (the Parish) are committed to conducting its athletic programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in athletic programs must recognize, however, that there is an inherent risk of injury when choosing to participate in athletic activities. The CBC and the Parish continually strive to reduce such risks and insist that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize the CBC and the Parish do not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the CBC or the Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the CBC and the Parish requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Waiver and Release of All Claims

Please read this form carefully and be aware in registering your minor child/ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

Program: Shuffleboard Program Dates: Sept. 15 thru Dec. 1, 1991.

As the parent/guardian of the participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I or my minor child/ward may have, as a result of participating in the program, against the CBC, the school, the parish, and their respective agents, servants, and employees.

I do hereby fully release and discharge the CBC, the school, the parish, and their respective officers, agents, servants, and employees from any and all claims from injuries, (including death), damages or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of participation in the program.

I further agree to indemnify and hold harmless and defend the CBC, the school, the parish, and their respective officers, agents, servants, and employees from any and all claims resulting from injuries, (including death), damages and losses sustained by me or my minor child/ward or arising out of, connecting with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize the CBC or parish officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details, Waiver, and Release of All Claims and Permission to Secure Treatment.

(Parent/Guardian Signature)

(Date)

SAMPLE

SAMPLE FORM - USE AS A GUIDE

WAIVER AND RELEASE FORM

ACTIVITY _____

DATE AND PLACE _____

PARISH _____

I wish to participate in the activity described above, and as a condition of my being allowed to do so, I, hereby, release and discharge the Diocese of _____, its constituent organizations, including but not limited to _____,

(Name of Parish)

_____, and their officers, agents, and employees,
(Name of Owner and Operator of Parish)

from any kind and all claims for personal injuries or property damage that I may suffer as a result of my participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive), of any of the entities or individuals named or described above.

I, hereby, warrant and represent that I am physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given me by a duly licensed medical doctor within the last six months, and I know of no change in my medical condition since receiving such advice that would affect the opinion of said medical doctor.

I agree to abide by the rules and regulations governing the above described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

I, hereby, authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

I warrant and represent that I am eighteen years of age, or over, and upon request will produce satisfactory proof of such fact.

Signed this _____ day of _____, 19____.

NOTE: Where an employee of the Diocese is participating in such an activity the following paragraph should be included:

"My participation in this activity will be conducted on my own time and not on my time as an employee of _____. Further, this participation on my part is for my own personal benefit, is voluntary on my part, and is not as a result of any suggestion or direction of my said employer or anyone acting on its behalf. I am fully aware that any injury I may incur as a result of such participation will not be considered as a work-incurred injury, or one arising out of or in the course and scope of my employment.

DIOCESE OF CHARLOTTE

Adult Athletic Participation Sign-In and Release Form

Important Information

The Catholic Bishop of Charlotte (the CBC) and _____ Parish (the Parish) are committed to conducting its athletic programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in athletic programs must recognize, however, that there is an inherent risk of injury when choosing to participate in athletic activities. The CBC and the Parish continually strive to reduce such risks and insist that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize the CBC and the Parish do not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the CBC or the Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the CBC and the Parish requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Waiver and Release of All Claims

Please read this form carefully and be aware in registering your minor child/ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

Program: _____ Program Dates: _____

As the parent/guardian of the participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I or my minor child/ward may have, as a result of participating in the program, against the CBC, the school, the parish, and their respective agents, servants, and employees.

I do hereby fully release and discharge the CBC, the school, the parish, and their respective officers, agents, servants, and employees from any and all claims from injuries, (including death), damages or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of participation in the program.

I further agree to indemnify and hold harmless and defend the CBC, the school, the parish, and their respective officers, agents, servants and employees from any and all claims resulting from injuries, (including death), damages and losses sustained by me or my minor child/ward or arising out of, connecting with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize the CBC or parish officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details, Waiver, and Release of All Claims and Permission to Secure Treatment.

Name (please print)

Address

Telephone

Signature

1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____

10. _____

(This form must be completed and signed by all participants each and every time of participation. Use the reverse side for additional space. This form should be retained by the adult-in-charge.)

DIOCESE OF CHARLOTTE

Adult Athletic Participation Sign-In and Release Form

Important Information

The Catholic Bishop of Charlotte (the CBC) and St. Luke Parish (the Parish) are committed to conducting its athletic programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in athletic programs must recognize, however, that there is an inherent risk of injury when choosing to participate in athletic activities. The CBC and the Parish continually strive to reduce such risks and insist that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize the CBC and the Parish do not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the CBC or the Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the CBC and the Parish requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Waiver and Release of All Claims

Please read this form carefully and be aware in registering your minor child/ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

Program: Men's Basketball Program Dates: 8/1/91

As the parent/guardian of the participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I or my minor child/ward may have, as a result of participating in the program, against the CBC, the school, the parish, and their respective agents, servants, and employees.

I do hereby fully release and discharge the CBC, the school, the parish, and their respective officers, agents, servants, and employees from any and all claims from injuries, (including death), damages or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of participation in the program.

I further agree to indemnify and hold harmless and defend the CBC, the school, the parish, and their respective officers, agents, servants and employees from any and all claims resulting from injuries, (including death), damages and losses sustained by me or my minor child/ward or arising out of, connecting with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize the CBC or parish officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details, Waiver, and Release of All Claims and Permission to Secure Treatment.

	Name (please print)	Address	Telephone	Signature
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

(This form must be completed and signed by all participants each and every time of participation. Use the reverse side for additional space. This form should be retained by the adult-in-charge.)

SAMPLE