

## ADULT REGISTRATION FORM

**Please print legibly. Use one form per person.**

NAME: \_\_\_\_\_ Circle One Male Female  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CELL PHONE # TO BE USED ON THIS TRIP: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
MAIN CONTACT PHONE: \_\_\_\_\_  
PARISH: \_\_\_\_\_

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You are required by the Diocese to attend a Protecting God's Children awareness session. Have you attended a PGC session? YES NO (please circle)

If YES, Where: \_\_\_\_\_ When: \_\_\_\_\_

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**Please return completed forms and payment by January 14, 2020 to:**

**Gayla Kirmer, PO Box 137, Dodge City, KS 67801**

No full or partial refund will be provided after January 14, 2019. In the event an extended stay is necessary, participant is responsible for additional expenses incurred. We regret any inconvenience this might cause.

**Make check payable to "CATHOLIC DIOCESE OF DODGE CITY"**

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### EMERGENCY CONTACT:

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Main Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Emergency Contact Name/Phone if Above Unavailable \_\_\_\_\_

### MEDICAL INFORMATION: A copy of your medical insurance card must be attached

I have Medical Health Insurance \_\_\_\_\_ YES \_\_\_\_\_ NO

Insurance Co. \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Family Doctor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address, City, State Zip \_\_\_\_\_

List any major medical conditions and food restrictions (of Participant) i.e. allergies, asthma, nervous disorder, heart condition, unusual blood type, etc. \_\_\_\_\_  
\_\_\_\_\_