



Church of St. Pius X - Discipleship Group Interest Form

Teen who have completed the Confirmation program should plan on continuing their formation as Christian Disciples by registering for a Discipleship Group. Teens will be placed in a group based on age & gender. Groups will be lead by 2 - 3 adult mentors, and will meet at a convenient time/location for the small group. All Parents who express interest in a Discipleship Group will be contacted in the late summer about an Informational Gathering and specifics for the year.

Participant's Name: _____ Home Phone: _____
 Birth Date: ____/____/____ Gender: _____ Grade in School _____
 Parent/Guardian's Name _____ Student Cell: _____
 Home Address: _____
 Parent Cell Phone: _____ E-mail: _____

I, _____ as parent or guardian, grant permission for my child, to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the above stated church and the Archdiocese of St. Paul/Minneapolis, and St. Pius X Catholic Church from any claims or law suits brought against stated church and the Archdiocese of St. Paul/Minneapolis by myself, my child or others that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by stated church and the Archdiocese of St. Paul/Minneapolis in defense of such a claim/law suit.

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a hospital or doctor.

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Phone: _____

MEDICAL INFORMATION

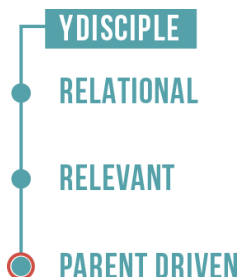
Allergies/dietary needs: _____

Medication my child is taking at present: _____

Photo and Name Release – Parent Authorization, Consent and Release

I, _____ hereby authorizes and consents that the Church/Faith Formation Program of St. Pius X be permitted to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child, or for lawful purpose whatsoever, including photographic portraits, pictures, reproductions, made through any medium, including electronic media, and the undersigned parent guardian does hereby release the Church/Faith Formation Department of St. Pius X from any liability in connection with such use.

Parent Signature: _____ Date: _____



Questions? Contact Shawn Gutowski at 651-762-3634
 or sgutowski@churchofstpiusx.org

