

# Catholic Fun Day Registration

**AUGUST 8, 2018 ~ ST. JOSEPH, CHOTEAU, MT**

**Student 1 Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Allergies or Health Concerns? Please explain: \_\_\_\_\_

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**Student 2 Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Allergies or Health Concerns? Please explain: \_\_\_\_\_

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**Student 3 Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Allergies or Health Concerns? Please explain: \_\_\_\_\_

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**Student 4 Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Allergies or Health Concerns? Please explain: \_\_\_\_\_

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(For any additional children, please write information on the back)

Family e-mail address: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

The above address is for (circle one): both parents/ mother/ father/ \_\_\_\_\_

Contact Person 1 (Parent/Guardian) name: \_\_\_\_\_

Cell phone : \_\_\_\_\_ Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Contact Person 2 name: \_\_\_\_\_ relationship: \_\_\_\_\_

Cell phone : \_\_\_\_\_ Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Contact Person 3 name: \_\_\_\_\_ relationship: \_\_\_\_\_

Cell phone : \_\_\_\_\_ Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

**Medical release:** If necessary, and if I (a parent/guardian) cannot be contacted or respond, I hereby grant permission for myself/son/daughter to be evaluated, diagnosed and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve St. Joseph Parish and the Roman Catholic Diocese of Helena of all consequences that may arise as a result of treatment. I will hold harmless and indemnify parish/school and the Roman Catholic Bishop of Helena, the Diocese of Helena, chaperones, or representatives associated with Catholic Fun Day from any liability in the event of injury. Furthermore, I agree to accept any and all financial responsibility as a result of treatment for such injuries. I/my child(ren) agree/s to abide by all rules and regulations attached to this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Media release:** I give permission for pictures of my children to be posted on the parish webpage, facebook page (not tagged) and/or used for promotional or highlight materials including but not limited to the bulletin, parish newsletters, posters, slide shows or posted on the parish webpage – JMJPISHES.COM.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_