



**Registration June 2018-June 2019
St. Gabriel the Archangel**

Parents will be asked to assist as volunteers.

Sundays 9:00, 11:00 & 5:30 Masses.

Once Mass begins, we close sign in.

Family Name:					
Address:					
City:		Zip:		Home Phone:	
Parent/Guardian Information					
Parent/Guardian 1 Name:					
Email:			P/G1 Cell:		
Parent/Guardian 2 Name:					
Email:			P/G2 Cell:		
Children's Information					
Child 1 Name:					
DOB:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Grade (Fall '18):	
Primary Mass (please select ONE): <input type="checkbox"/> 9:00a <input type="checkbox"/> 11:00a <input type="checkbox"/> 5:30p					
Child 2 Name:					
DOB:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Grade (Fall '18):	
Primary Mass (please select ONE): <input type="checkbox"/> 9:00a <input type="checkbox"/> 11:00a <input type="checkbox"/> 5:30p					

Please initial each box

CONSENT TO PARTICIPATE AND LIABILITY RELEASE

I / We, the parent(s)/guardian(s)/conservator(s) listed on this form for the child(ren) listed on this form grant permission for my son(s)/daughter(s) to participate in St Gabriel the Archangel's 2013/2014 Faith Formation, Youth Ministry and Early Childhood Programs. I understand that as parent(s)/ guardian(s)/conservator(s), I remain legally responsible for any personal actions taken by my son(s)/daughter(s). We recognize the inherent risk associated with the various activities that my son(s)/daughter(s) will be participating in. I / We agree on behalf of myself, my son(s)/daughter(s) named herein, our heirs, successors, and assigns to indemnify, defend, and hold harmless **St Gabriel Catholic Community – McKinney, TX** and the Roman Catholic Diocese of Dallas, their employees and/or volunteers from any and all claims (unless due to the Sole or Gross NEGLIGENCE of the Parish) for illness, injury, death, and the cost of medical treatment therewith, arising from or in any way connected with my son(s)/daughter(s) participating and/or attending the various Faith Formation, Youth Ministry and Early Childhood programs during the 2013/2014 school year. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

I have read this consent to participate and liability release and I understand and voluntarily agree to its provisions.

AUTHORIZATION OF CONSENT TO TREAT MINOR

I/We, the parent(s) or guardians of the child(ren) listed on this form, a minor, and as such do hereby authorize **St Gabriel Catholic Community – McKinney, TX**, its ministry leaders, employees, contractors and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective for up to one year from the date of completion of this form, unless sooner revoked in writing delivered to said agent(s). In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I/we hereby release, defend and hold harmless the Parish and Roman Catholic Diocese of Dallas (Diocese), their officers, directors, agents, employees, volunteers, Faith Formation/Youth Ministry/ECP leaders, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

I have read this consent for medical treatment of a minor statement, and I understand and voluntarily agree to its provisions

MEDIA RELEASE - AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT

For good and valuable consideration, I hereby grant to St. Gabriel the Archangel Catholic Community of McKinney, TX the irrevocable and unrestricted right to make, use and/or publish any all photographs, videos, and other images of me/my minor child(ren) or images in which child may be included, now existing or hereafter made, in any case, with or without identifying child for editorial, advertising, news, or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. On behalf of myself and /or my child(ren), I specifically waive all rights to privacy and confidentiality with respect to name, likeness, voice, photographs, images, video recordings, audio recordings and identifying information. I hereby release and agree to fully and unconditionally protect, indemnify, and defend St. Gabriel the Archangel Catholic Community of McKinney, the Roman Catholic Diocese of Dallas, and their respective officers, agents and Employees, (collectively, "Indemnitees") and hold each Indemnitee harmless from and against any all costs, expenses, attorney's fees, claims damages, suits, judgments, losses, or liability for injuries to property, injuries to persons (including Student) and from any other costs, expenses, attorney fees, claims, suit, judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to the use or publication of any photographs, videos, or other images of Student, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE, OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES.

I have read this consent for Media Release, and I understand and voluntarily agree to its provisions.

Acknowledged Expectations of Code of Conduct for all registered participants

Expectations: Every child, youth and adult will treat each other with respect, and conduct themselves in a manner that positively represents St. Gabriel Catholic Community and the Catholic Church. Any drug, alcohol, tobacco, or illegal substance abuse will not be tolerated and will result in removal from the event and a possible ineligibility to participate in other Faith Formation, Youth Ministry, or ECP events. Adults and youth will abide by all laws (property damage, weapons, stealing, etc.) and will be held responsible for breaking them, and will be held responsible for any damages.

I have read this code of conduct, and I understand and voluntarily agree to its provisions.

PARENT/GUARDIAN SIGNATURE _____

For Office Use Only: Date Received _____	Rec'd by _____
Amount due _____	Amount paid _____
Admin _____	Coordinator _____