EFF/MFF/CONFIRMATION I REGISTRATION CHECKLIST AND WAIVER

Please fill out with items list below and return by August 30th, 2019

Child Name _____
(last) (first)

Parent Name _____
(last) (first)

Phone Number _____ Email _____

Class or classes enrolling in_____

Emergency Contact_____Phone (please list 2)_____

	Checklist	Check
1	On-line EFF/MFF/ Confirmation I Medical Waiver/ Registration (www.barts.org/registration)	
2	Check for program tuition (unless prior arrangements have been made.) • $300 for one child • $400 for two children • $500 for three children plus • **$325, $425 and $525 for late payments received after August 30th, 2019**	
3	Copy of Baptismal and First Eucharist Certificate (IF COMPLETED) & not sent in last year	
4	Signed EFF/MFF Confirmation I waiver below	
TOTAL AMOUNT ENCLOSED		$

I (we), the undersigned parent(s) or guardian(s) of the participant listed above, give my (our) permission for them to participate in any and all activities sponsored and/or organized by St. Bartholomew's Church during the 2018/2019 year. I (we) hereby direct my (our) child/ren to conform with the directions of parish personnel responsible for the activity.

I (we) grant permission to St. Bartholomew's Parish personnel and volunteers to take photographs of the participant/s while engaged in any and all activities sponsored and/or organized by St. Bartholomew's Parish. I authorize the use of the same in print and/or electronically, without his/her name and for any lawful purpose, including such purposes as publicity, illustration, advertising and web content.

I (we) hereby authorize the Director of Religious Education and/or their associates who provide transportation or supervisory support, as my (our) agents. This authorization empowers the agent(s) to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment, or hospital care which is deemed advisable by and is rendered under the supervision of any licensed physician, surgeon, or dentist. It is understood that the aforesaid agent(s) will make every effort to contact us in case of emergency prior to authorizing such treatment. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

I (we) are not aware of any medical condition of my (our) child/ren which would render it unsafe for my (our) child/ren to participate in any of the activities my (our) child/ren attends.

It is understood that I (we), as permitted by law, waive, release and discharge any and all claims for damages for death, personal injury, loss or property damage which I (we) may have against the Roman Catholic Archbishop of San Francisco, A Corporate Sole, his designees and associates and St. Bartholomew Church as a result of his/her participation in these events, including transportation to and from the activity, whether or not caused by the negligence (active or passive) of St. Bartholomew Youth Ministry, St. Bartholomew's Faith Formation Program, the Archdiocesan Youth activities program or any of its agents or employees. Recourse for the payment or any resulting hospital, medical, dental or related costs will first be had against any accident, hospital or medical insurance, or any other benefit plan of mine or my spouse.

Parent Signature: _____

Date: _____