

September 2018-September 2019
Middle School First Eucharist

PLEASE COMPLETE EMERGENCY INFORMATION ON THE BACK OF THIS FORM

PLEASE PRINT CLEARLY		
YOUTH INFORMATION		
First Name:	Middle:	Last:
Gender: M F	Date of Birth:	T-Shirt Size:
Grade:	School:	
Allergies/ Learning Needs:		
Cell Phone:	Email:	
PARENT'S INFORMATION		
Father's Name:	Religion:	
Email:	Cell Phone:	
Mother's Name:	Religion:	
Email:	Cell Phone:	
Mother's Maiden Name:	Marital Status: S M D Sep W	
Address:		
	Children Lives with: Both Mother Father Other	
Custodial Parent, if different than above:		
Home Phone:	Cell Phone:	
Email Address:		
Family Registered in Parish? Yes No <i>(If no, please complete a parish registration form)</i>		
MINISTRY OPPORTUNITIES – Would you like to share your talents with us?		
Adult Volunteer's Name:	Email:	
<i>I can help in the following areas:</i>	Phone:	
Fundraising <input type="checkbox"/>	Driver <input type="checkbox"/>	Chaperone <input type="checkbox"/> Snacks/Supplies <input type="checkbox"/> Other <input type="checkbox"/>
EMERGENCY CONTACT INFORMATION (Do Not List Parent)		
Name:		
<i>Relation to Youth:</i>	Phone:	
Name:		
<i>Relation to Youth:</i>	Phone:	

Middle School First Eucharist
Youth Faith Formation Waiver

I, the parent (or guardian) of _____, hereby give my permission for her/his participation in the above name activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, diocesan personnel responsible for this activity. As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that she/he may suffer as a result of her/his participation in the activity describe above, whether or no such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of her/his participation in the above named activity, including transportation to and from this activity, whether or not caused by negligence, active or passive, of the parish, school, or diocesan youth activities program or any of its agents of employees, recourse for the payment of any resulting hospital, medical, dental treatment or related cost and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouses. I am not aware of any medical condition of my child, which would render it inappropriate for her/him to participate in any activity.

I hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and publication or other use thereof. I hereby waive any right to compensation or any right that I otherwise might have to limit it to control such making or use.

I hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental or the appropriated treatment deemed necessary and appropriate by the physician, nurse dentist, or licensed care staff.

Signature of Parent: _____ Date: _____

Signature of Witness: _____

<Office Use Only>

Registration: Junior High **\$100.00**

Date Received: _____ Fees Paid: _____ Balance Due: _____ Cash: _____ Credit Card _____ Check # _____