



ST. JULIANA FALCONIERI
CHILDREN'S FAITH FORMATION 2019-2020

EUCHARIST TWO REGISTRATION

Last Name:
Today's Date:

REGISTRATION FEE: \$180
PAYMENT \$ _____

Child's First Name _____ Last Name _____
 Address _____ City _____
 Date of Birth _____ Age _____ School _____ Grade 9/01/01 _____

Parent Information

Father's Name _____ Father's Cell _____
 Father's Email _____
 Mother's Name _____ Mother's Cell _____
 Mother's Email _____

Emergency Contacts

Name _____ Relation _____ Phone _____
 Name _____ Relation _____ Phone _____
 Medical issues / Allergies _____

Sacramental Information

Is your child Baptized? Yes No *(if YES please complete the following)*
 Date of Birth _____ Place of Birth _____
 Date of Baptism _____ Place of Baptism _____
 Mother's Maiden Name _____

Permission and Release

I, the Parent (guardian) of _____, hereby give my permission for his/her participation in the above named activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or 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 his/ her participation in the activity described above, whether or not 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 his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/ her 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 the publication and duplication or other use thereof. I, hereby waive any rights to compensation or any right that I otherwise might have to limit or 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 other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Parent/Guardian Signature _____ Date _____

St. Juliana Falconieri Children's Faith Formation

2016-2017 Registration

Program: Children's FAITH Program

Location: St. Juliana Parish

Dates: September 2016 - May 2017

Time: Various

PARTICIPANT INFORMATION: Please **PRINT** all information

Participant's Name: _____ Date of Birth: ____ / ____ / ____

Address: _____ City: _____ State: ____ Zip: _____

Mother's Name: _____ Cell: _____ Father's Name: _____ Cell: _____

EMERGENCY CONTACTS: Secondary Person to contact in case of emergency (adult **NOT** living in your household)

#1 Name: _____ Relation: _____ Phone: _____

#2 Name: _____ Relation: _____ Phone: _____

MEDICATION NOTIFICATION: During the above named activity my son/daughter has my permission to take the following Medications:

Prescription Medications

#1 Medication	Dose	Instruction
#2 Medication	Dose	Instruction
#3 Medication	Dose	Instruction

My son/daughter will be taking a **non-prescription** medication. Name of medication: _____

My son/daughter will not be bringing any medications.

Allergies:

Other medical or physical situations you would like us to know about:

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

PHOTOGRAPHY/MEDIA RELEASE

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

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 other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

This form expires on JUNE 1, 2017 (one month following end of activity)

Parent/Guardian's Name (PLEASE PRINT) _____

PARENT/GUARDIAN'S SIGNATURE _____ **DATE:** ____ / ____ / ____