

# Precious Blood Church

## 2021-2022 Religious Education Registration

### Sacraments Received

Name of Participant	Grade this fall	Date of Birth	Baptism Yes/No	Reconciliation Yes/No	Eucharist Yes/No	Confirmation Yes/No

### FAMILY INFORMATION

Father's Name \_\_\_\_\_ Father's Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

(Necessary for updates & correspondence)

Registered Member of \_\_\_\_\_ Parish

Student's parents are (circle)      Married to each other      Separated from each other      Divorced from each other      Widowed/Deceased

Student lives with (circle)      Mother      Father      Stepmother      Stepfather      Other \_\_\_\_\_

Who has legal custody of the student? (circle)      Mother      Father      Other \_\_\_\_\_

\_\_\_\_\_  
Address

### EMERGENCY INFORMATION

**If parents cannot be reached, who else in Dubois County shall we contact?**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\* \_\_\_\_\_ Please check if you are interested in helping with the Faith Formation Program. Catechists are needed and also volunteers for other activities.

**Signature** of Parent/Guardian \_\_\_\_\_

**Please complete both sides and return office by Monday, August 16, 2021**

**Registration fee \$30 per child or a maximum of \$75 per family.**

For Office Use Only: Check # _____ Amount: _____ Date _____
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**WAIVER, RELEASE, AND MEDICAL INFORMATION**  
**September 2021 – May 2022 Religious Education Program**

I/We, the parent(s) of the above- named youth(s), hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, Precious Blood Parish and Pastor and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

**WAIVER FOR PERMISSION TO PHOTOGRAPH**

I, the undersigned, do hereby consent and agree that the Catholic Diocese of Evansville, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child and to use these in any and all media, now or hereafter known, and exclusively for the purpose of event/program promotion and/or ministry development. I do hereby release to the Catholic Diocese of Evansville its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child's image or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback. I also understand that the Catholic Diocese of Evansville is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

**X INITIAL** \_\_\_\_\_

**CONDUCT WAIVER**

Further, I/we, acknowledge having read, or been aware of the Diocesan Youth/or Adult Codes of Conduct, and the Diocesan Off-site Transportation Policy, and I/We agree to be bound by the terms and conditions set forth in those documents (copies available via [www.evdio.org/diocesan-forms-for-oyaya.html](http://www.evdio.org/diocesan-forms-for-oyaya.html)). I acknowledge and understand that any action on behalf of my/our child/dependents that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

**X INITIAL** \_\_\_\_\_

**MEDICAL CONSENT**

The undersigned custodial parent or legal guardian of FAMILY STUDENTS LISTED ON REGISTRATION does hereby grant and authorize Precious Blood Church and any employee thereof to obtain, at the expense of the undersigned, any medical services, including but not limited to x-ray examination, anesthetic, surgical treatment or any hospital service, for the above named student in the event said student suffers any illness or accident at a time when the undersigned cannot be contacted. It is my request that if reasonably possible, such treatment shall be rendered by our family doctor.

Dr. \_\_\_\_\_ Phone \_\_\_\_\_

or by any physician on call at the hospital emergency room or otherwise available to provide care.

This medical consent is given in advance of treatment to encourage and authorize the employee and the named physician to exercise their judgment in the best interest of my child.

**X INITIAL** \_\_\_\_\_

**STUDENT MEDICAL INFORMATION:**

**Student medical problems, concerns, etc.** \_\_\_\_\_

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Printed Name: \_\_\_\_\_

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

**Please make sure both sides have been completed.**