

GAELSCOIL NAOMH MUIRE

St Mary's Gaeolscoil

GLEACAÍOCHT ARDSKOIL SCOILE GLOUCESTER, GLOUCESTER CITY, NJ

ST MARY'S RECTORY, GLOUCESTER CITY, NJ

426 MONMOUTH GLOUCESTER CITY, NJ 08030

PH: 856-456-0052 - ROIMHPHOIST: stmaryrectory@comcast.net

FOIRM CLÁRÚCHÁIN

REGISTRATION FORM

Ainm an Pháiste:

Name of Child

.....

Dáta Breithe:

Date of Birth

.....

Teagmháil Éigeandála:

Emergency Contact

.....

Tuismitheoir/Caomhnóirí:

Parent/Guardian

.....

Seoladh:

Address

.....

.....

.....

.....

Fón Baile:

Tel. Home

.....

Obair:

Work

.....

Seoladh Roimhphoist:

E-mail address:

.....

Ailléirgí:

Allergies:

.....

.....

WAIVER/RELEASE I understand that some Irish activities involve certain inherent risks, notwithstanding the safety precautions which are taken. I assume such risks in behalf of myself/child. In consideration of your accepting me/my child _____ as a student in your program, for myself, my heirs, my executors, administrators, and assigns, I waive and release any and all rights and claims for damages I have against the St Mary's Gaelscoil, its sponsors, agents, employees, representatives, successors and assigns, (hereinafter collectively termed the "Gaelscoil"), for any and all injuries and losses suffered by me/my child and/or me and agree to indemnify and hold harmless the Gaelscoil for any claims by me or my child arising out of participation in any program or otherwise of the Gaelscoil or at any other location during an event sponsored by the Gaelscoil. Additionally, I hereby grant the Gaelscoil permission to render first aid emergency treatment which it considers necessary to me/my child while in attendance at the Gaelscoil, or at any other location during an event sponsored by the Gaelscoil and release all rights and claims for damages which said child or I may have against the Gaelscoil in connection with the rendering of said first aid emergency treatment and agrees to indemnify and hold harmless the Gaelscoil for any claims by me or my child arising from said treatment. Student's Name _____ Signed _____ Date _____

Parent or Guardian if under 18 OR Dancer if 18 and older CONSENT FOR TREATMENT FOR ACCIDENT & ILLNESS Hospitals require that parents or adult guardians must give written consent before treatment of a minor (person under the age of 18) may begin unless the situation is life threatening. I understand that the Gaelscoil is not responsible in matters of illness or accidents. I certify that my child/I have had a medical examination to assure physical fitness and capability to perform the activities involved in the program offered by the Gaelscoil. In the event of an emergency, I hereby give permission to the licensed physician selected by Gaelscoil to hospitalize, secure proper treatment, anesthesia, or surgery for my child/me. Student's Name _____ Signed _____ Date _____

Parent or Guardian if under 18 OR Dancer if 18 and older St Mary's GAELSCOIL PHOTO/VIDEO CONSENT Pictures and/or videos are taken of St Mary's Gaelscoil for in-house use and for educational or marketing purposes. These pictures or videos may be used in combination with St Mary's Gaelscoil brochures, St Mary's website and/or appear community publications. I give permission for the following to be used by St Mary's for publicity purposes: _____ my child's or my picture (for dancers 18 & older) and/or appearance in a video _____ my child's name or my name (for dancers 18 & older) _____ I do not give permission for St Mary's to use my child's or my picture (for dancers 18 & older) and/or appearance in a video for publicity purposes. Student's Name _____ Signed _____ Date _____

Please return completed form with fees by February 2, 2019 to:
St Mary's RC Church 426 Monmouth Street, Gloucester City, NJ 08030