

*All Saints Catholic Church*  
*2018 Summer Morning Movies*  
*Registration Form*

Name \_\_\_\_\_ Parishioner of All Saints Y N

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Parents/Guardians Names \_\_\_\_\_

Contact Information-from 8:00am-1:00pm

Mother's Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact-other than parent/guardian

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Are there any special needs we need to be aware of? (allergies, food allergies, medical conditions, etc.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Photo Release:**

I hereby grant permission for my child to be photographed and/or videotaped during any All Saints celebrations, activities, and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting All Saints.

I further authorize that these pictures may be posted in the All Saints bulletin, on the diocesan website, facebook, twitter and/or any other social media and on any postings or flyers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date