

FAMILY NAME: _____

Mother's name: _____ **Mother's email:** _____

Father's name: _____ **Father's email:** _____

Address: _____

Street	City/State/Zip
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Mother's Phone: _____ (circle one): Home/Work/Cell

Father's Phone: _____ (circle one) Home/Work/Cell

[illegible]

INSURANCE AND EMERGENCY CONTACT INFORMATION

The children listed on this form are covered by the following Medical Insurance Policy:

Name of Company: _____ **Policy #** _____

EMERGENCY CONTACT: _____ PHONE: _____

I release the Diocese of Raleigh, St. Ann Catholic Church and School and their agents and volunteers from any liability for injuries or accidents by my children while participating in said programs and activities.

I give permission for my children, in case of emergency, to be taken to a physician or hospital by an adult volunteer or Parish or Diocesan personnel. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected by the adult in charge, to hospitalize and secure proper treatment, including surgery, for my children.

Parents/guardians of participants in the faith formation program are advised that photographs or videos of participants may be used in publications, websites or other materials produced from time to time by St. Ann Parish, St. Ann School, or the Diocese of Raleigh. Parents who do not wish their children to be photographed or filmed should so notify the Director of Faith Formation and St. Ann Parish Office in writing.

Parent/Guardian Signature: _____ Date _____