

DIOCESAN PERMISSION AND MEDICAL TREATMENT WAIVER

I _____, the parent/guardian of _____ do hereby give my permission for him/her to attend Faith Formation classes on the premises of St. Sebastian Catholic Church located at 13075 US Highway 1, Sebastian, Florida, to be treated for a medical emergency in my absence while participating in this parish program. The Director of Faith Formation or adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Diocese of Palm Beach, the parish of St. Sebastian, its staff or adult supervisor responsible.

In case of emergency, if I am not available at the above listed phone numbers, please contact:

Name: _____ Phone # (_____) _____

Cell # (_____) _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PHOTOGRAPH AND/OR VIDEOTAPE CONSENT & RELEASE WAIVER

I _____, the parent/guardian of _____ do hereby grant to sponsor (St. Sebastian Catholic Church) the right to photograph/videotape my child. This waiver specifically releases any common law causes of action of claims under Fla. Stat. 540-08 and expressly constitutes permission for publication of name, face, likeness, voice and appearance.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

The preparation process for the sacraments of Reconciliation and Eucharist involves regular attendance at Sunday (Saturday) liturgy

\$60.00 fee is due per registration. This fee covers texts and classroom materials.

OFFICE USE ONLY

Completed Form Received: _____

Cash: _____ Check: _____

Baptismal Form Attached: _____

Registering for Prep I _____ Prep II _____ Basics _____

Grades 1 + 2 Prep