

FAMILY INFORMATION

Father's Name: _____
(First) (Middle) (Last)

Work Number: _____ Cell # _____

Mother's Name: _____
(First) (Middle) (Last)

Work Number: _____ Cell # _____

E-Mail: _____

Mother's Maiden Name: _____

Does your child have any allergies or other medical condition(s) we need to know of? _____

Diocesan Permission and Medical Treatment Waiver

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

Parent/Guardian Signature: _____ Date: _____

\$60.00 Fee is due per student registration. Fee covers cost of texts, classroom materials etc. Any retreat fees are separate.

Grade: 8