

FAMILY FORMATION & 7th-9th GRADE REGISTRATION ANNUAL PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Family Name _____ Parent(s) First Name(s) _____
 Address _____ City/State/Zip _____ Email _____
 Phones: primary _____ (circle) Mom/Dad (circle) Secondary _____ Home _____ (circle) Mom/Dad (circle)
 Parish _____ Registered Y/N _____ School _____

Grades K-6				Sacraments Received (dates not necessary)				Special Instructions
Childs Name	Grade	Gender	DOB	Baptism	1st Recon	1st Comm	Confirm	
Grades 7, 8 & 9				Sacraments Received (dates not necessary)				
Childs Name	Grade	Gender	DOB	Baptism	1st Recon	1st Comm	Confirm	

* Under Sacraments received place a check on each one your child(ren) have received.

* Complete both sides of registration.

* Submit this form, along with your payment by either:

- the collection
- bring to the parish office
- mail to: St. Cecelia Catholic Church
715 E North
Algona, IA 50511

FEES - Parish Family Formation K-7

\$50.00 per family includes 1st child if only one
 child and it's a sacramental year add \$5.00 \$ _____
 \$10.00 each additional child non-sacramental year \$ _____
 \$15.00 each additional child if sacramental year \$ _____

FEES - Faith Formation Grade 7, 8 & 9

\$35.00 7 & 8th grade
 \$50.00 9th grade - Confirmation prep \$ _____
 \$ _____
Total Due \$ _____

I give permission for my child's(ren) names and pictures to be used in the newspaper, in the church office, on a website, on Facebook or on school bulletin
 _____(initials)

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS OR GUARDIANS)

Name _____ Relationship _____
Phone _____

CONSENT FORM AND LIABILITY WAIVER

Family Doctor: _____ Phone Number: _____

Please Read Carefully:

I/We _____, the undersigned parent(s) or guardian(s) agree to the following. I grant permission for my child(ren) _____ to participate in parish youth ministry events that require transportation to a location away from the parish site. Activities will take place under the guidance and direction of parish employees and/or volunteers. This will serve as the permission slip for any such activities that occur during the 2019-2020 school year. As parent and/or legal guardian, I/we remain legally responsible for any personal actions taken by the above named minor(s) "participants". I agree on behalf of myself, my child(ren) name herein, my spouse, and the Diocese of Sioux City, chaperones, and representatives associated with the event, (referred collectively as "them", that: We release (referred collectively as "them"), that: We release and forever discharge them from any and all claims and causes of action that we may have against them, arising in connection with the activities of the participating child(ren) while attending an event or in connection with any illness or injury or cost of medical treatment therewith, in so much as they have made reasonable efforts to maintain the safety of my child(ren) while in their care and my child(ren) has/have complied with all rules and instructions of the program.

Parent/Legal Guardian's Signature _____ Date _____

MEDICAL MATTERS

Of the following statements pertaining to medical matters, please initial only those that are applicable.

EMERGENCY MEDICAL TREATMENT: In the even of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish be advised prior to any further treatment by the hospital or doctor. _____

OTHER MEDICAL TREATMENT: I HEREBY GRANT PERMISSION FOR NON-PRESCRIPTION MEDICATION (such as Tylenol, throat lozenges, cough syrup) be given to my child(ren) if deemed appropriate. _____

NO MEDICATION OF ANY TYPE, whether prescription or non-prescription, may be administered to my child(ren) unless the situation is life-threatening and emergency treatment is required. _____

SPECIAL MEDICAL INFORMATION

Please list any information of ALL children in the given spaces. Please indicate which child you are referring to. Allergic Reactions (to medications, food, plants, insects, etc.) or medically prescribed diet or any special restrictions, physical limitations or medical conditions: _____

If your child must take medication during an event endorsed by the Southern Kossuth County Cluster, and you are not here, please send it with your child in a baggie with clear and consise directions as to how to administer the medicine.

I hereby warrant that to the best of my knowledge, my child(ren) is/are in good health and I assume all responsibility for the health of my child(ren). I have reviewed and completely and accurately completed this medical information. It will be assumed in the event it comes to the attention of the Parish or Parish representative/director and/or volunteer that should my) child(ren become ill or injured I will be called.

Signature/Date