

3) PHOTOGRAPH/PRESS RELEASE

I realize that photographs, videos, written extractions, and voice recordings of program participants may be taken during various activities for the purpose of illustrations, publications, and website.

By signing this form, I hereby authorize and give full consent to *Church of St. Pius V* to publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears while participating in *any Faith Formation/Youth Ministry activities*.

**IN CASE OF INJURY OR ILLNESS YOUR OWN MEDICAL INSURANCE WOULD BE USED.
MEDICAL INSURANCE PROVIDED BY THE PARISH OR THE ARCHDIOCESE IS LIMITED
& IN EXCESS TO ANY OTHER VALID & COLLECTIBLE INSURANCE**

I/we the undersigned, have read all releases (on both pages) and understand all its terms and execute it voluntarily and with full knowledge of its significance.

SIGNATURE _____ **DATE:** _____
Parent/Guardian

**Please list all children in grades Pre-School through Grade 12.
Grades 11 & 12 will be invited to events (no registration fee).**

- Pre-school children must be 4 years of age by September 1, 2019
- **If a child was NOT baptized at St. Pius V**, please attach a copy of the Baptismal Certificate.
- **If a child did NOT receive their First Communion at St. Pius V**, please attach a copy of the First Communion Certificate.

1. Student Full Name: First, Middle & Last: _____

Birth Date: _____ Age: _____ Grade Level in 2019-2020: _____ Male: _____ Female: _____

Church/Parish where child was baptized: _____

Church/Parish where child made their First Communion if applicable: _____

Health/Special Concerns: _____

2. Student Full Name: First, Middle & Last: _____

Birth Date: _____ Age: _____ Grade Level in 2019-2020: _____ Male: _____ Female: _____

Church/Parish where child was baptized: _____

Church/Parish where child made their First Communion if applicable: _____

Health/Special Concerns: _____

3. Student Full Name: First, Middle & Last: _____

Birth Date: _____ Age: _____ Grade Level in 2019-2020: _____ Male: _____ Female: _____

Church/Parish where child was baptized: _____

Church/Parish where child made their First Communion if applicable: _____

Health/Special Concerns: _____

If more than 3 children, please use another registration form and attach to this form.