



Registration for St. Pius V Faith Formation & Youth Ministry

Grades Pre-12 2021-2022

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THE FEE IS \$50 PER CHILD* with a Family Cap of \$150 for three or more children

***No fee for 11th & 12th grade** Please make check payable to St. Pius V

Number of children registered: _____ Amount Paid _____

- [] Fee for FF is waived because I am a FF Catechist.
- [] I will make payments: _____ per month.
- [] I am a registered member of St. Pius V and am in need of financial assistance.

Mother's Name: _____ Home Phone # _____
First Middle Last

Address: _____

E-Mail: _____ Cell Phone #: _____

(Most communication done via E-mail)

Children live with (please circle) Both parents Mother Father Guardian

Father's Name: _____ Home Phone # _____
First Middle Last

Address: _____

E-Mail: _____ Cell Phone#: _____

(Most communication will be done via E-mail)

I am a registered member of St. Pius V Church [] Yes [] No

If no, please list parish you are registered at _____

Parents: Please read and sign the following:

1) PARENTS: I GIVE MY PERMISSION FOR MY CHILD/REN to participate in the *Church of St. Pius V* Faith Formation and Youth Ministry classes/activities. In consideration of my Child's/ren's participation, I agree to indemnify the *Church of St. Pius V* and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/ Archdiocese of St. Paul/Minneapolis by myself, my child/ren or others, that arises out of any behavior by my child/ren at the Faith Formation and Youth Ministry classes/activities. I also agree to pay reasonable attorney's fees or expenses incurred by the *Church of St. Pius V* and Archdiocese in defense of such a claim/law suit.

2) CONSENT AND PERMISSION TO TREAT MINOR

In the event of an emergency, I give permission to transport my child/ren to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital.

Emergency Hospital Preference: _____

Family Doctor(s) _____ Phone No. _____

Emergency contact (not parents): Name _____

Phone _____ Relation to child/ren: _____

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, live stream recordings, social media, 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*. **No address or phone number will be published.**

**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, 2021
- **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 this fall: _____ 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 this fall: _____ 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 this fall: _____ 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.

I acknowledge and understand, the novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. Further, that COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. I also acknowledge, that federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people.

I agree, represent and warrant that neither the undersigned, nor any registered participant child(ren) shall visit or utilize the facilities, programs, activities, or services of St. Pius V, Cannon Falls, Minnesota within 14 days after (1) returning from outside the United States, (2) exposure to any person returning from outside the United States, or (3) exposure to any person who has a suspected or confirmed case of COVID-19.

I hereby agree, represent and warrant that neither the undersigned nor any registered participant child(ren) shall visit or utilize the facilities, programs, activities, or services of St. Pius V, Cannon Falls, Minnesota if he or she (1) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (2) has suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify St. Pius V, Cannon Falls, Minnesota immediately if any of the foregoing access or use restrictions may apply.

St. Pius V, Cannon Falls, Minnesota has put in place preventative measures to reduce the spread of COVID-19. I agree to comply with measures that St. Pius V, Cannon Falls, Minnesota may require to best protect against the introduction of viruses at St. Pius V, Cannon Falls, Minnesota including, but not limited to, hygiene practices and temperature screening, related to myself and/or my child(ren) St. Pius V, Cannon Falls, Minnesota cannot guarantee that I or my child(ren) will not become infected with COVID-19. I understand and agree that attending St. Pius V, Cannon Falls, Minnesota could increase my risk and my child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in programs of or attending St. Pius V, Cannon Falls, Minnesota) and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at St. Pius V, Cannon Falls, Minnesota may result from the actions, omissions, or negligence of myself and others, including, but not limited to, St. Pius V, Cannon Falls, Minnesota employees, volunteers, and program participants and their families.

Parent/Guardian Signature

Date: _____

Parent/Guardian Name (printed) _____

Child(ren) Full Name(s)