

**SAN SEBASTIAN CATHOLIC CHURCH**  
**Registration for Religious Education — 2017—2018**

FAMILY NAME (Print below)

\_\_\_\_\_

Mother \_\_\_\_\_

Father \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Emergency Contact \_\_\_\_\_  
Name Phone Relationship

Parish and Mass time you usually attend \_\_\_\_\_

<b>Student 1</b>		
Name _____	Nickname _____	
Entering Grade _____	Age _____	Birth Date _____
Last attended Religious Education at _____ Parish		
Medical/Special Needs _____		
Baptized Catholic? Yes No	First Communion? Yes No	Confirmation? Yes No

<b>Student 2</b>		
Name _____	Nickname _____	
Entering Grade _____	Age _____	Birth Date _____
Last attended Religious Education at _____ Parish		
Medical/Special Needs _____		
Baptized Catholic? Yes No	First Communion? Yes No	Confirmation? Yes No

<b>Student 3</b>		
Name _____	Nickname _____	
Entering Grade _____	Age _____	Birth Date _____
Last attended Religious Education at _____ Parish		
Medical/Special Needs _____		
Baptized Catholic? Yes No	First Communion? Yes No	Confirmation? Yes No

<b>Registration Fee</b>	Payment information:	Cash	Check#
One Child \$50.00	Amount Paid _____	Date _____	
Family Rate \$70.00			
Scholarships are available	Additional Donation _____	Scholarships _____	Building

**YOUTH RELEASE OF LIABILITY AND MEDICAL INFORMATION  
Diocese of Saint Augustine**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

(Of the following statements pertaining to medical matters, sign only in accordance with your wishes.)

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to the Diocese of St. Augustine's employees, volunteers or representatives to seek medical treatment for my child above named.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Diocese of St. Augustine's representatives or volunteers to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for any child above named.

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I make the following exception: \_\_\_\_\_

My child's Medications/Dosages: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Doctor: \_\_\_\_\_

Medical Problem or Condition (allergies, diabetes): \_\_\_\_\_

Condition: \_\_\_\_\_ Symptoms \_\_\_\_\_

Physical Disabilities: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian and printed name Date

**OTHER MEDICAL TREATMENT:** In the event it comes to the attention of the Diocese of St. Augustine volunteers or representatives that my child is injured to a minor degree (that I would treat at home) or becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I hereby give permission for over-the-counter medication to be administered to my child according to package directions. Write "NO" on the line below if you do not wish for medication to be applied or administered by diocesan representative.

\_\_\_\_\_  
Signature of Parent/Guardian and printed name Date

Parent/Guardian has added \_\_\_\_\_ has not added \_\_\_\_\_ health information on reverse of this form.  
OCF-Y-YA 2009

# San Sebastian Catholic Church

1112 State Road 16, St. Augustine, Florida 32084 904-824-6625

## Permission to Participate

I request that my child, \_\_\_\_\_, be allowed to participate in the San Sebastian Catholic Church Religious Education/Sacramental Preparation Program(s). I grant permission for the Diocesan employees or volunteers to administer first aid and to seek emergency medical treatment in the event that such treatment is deemed necessary. I grant my permission to those administering medical treatment to do so. I release and hold harmless the Diocese of St. Augustine, Bishop Felipe J. Estévez, S.T.D., as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T.D., individually, St. Joseph Academy, San Sebastian Church and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs and next of kin.

\_\_\_\_\_  
Parent/Guardian/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian/Representative

## Child Photography Release Form

Without compensation, I hereby grant permission to San Sebastian Catholic Church to use and reproduce photographs taken of my child during the San Sebastian Religious Education/Sacramental Preparation Program(s). These photographs may be used for news and editorial purposes in publications, electronic reproductions (websites) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as San Sebastian Catholic Church, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

\_\_\_\_\_  
Parent/Guardian/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian/Representative

\_\_\_\_\_ I do not grant the above Photography release.