

SAN SEBASTIAN CATHOLIC CHURCH
Registration for Religious Education — 2018—2019

FAMILY NAME (Print below)

Mother _____

Father _____

Address _____
Street City Zip

Emergency Contact _____
Name Phone Relationship

Parish and Mass time you usually attend _____

Student 1

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

Student 2

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

Student 3

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

Registration Fee

One Child \$50.00
Family Rate \$70.00
Scholarships are available

Payment information: Cash Check#

Amount Paid _____ Date _____

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.