

NEW ALTAR SERVER APPLICATION

**DUE ON OR BEFORE TUESDAY, JANUARY 29TH, 2019
AT PARISH OR SCHOOL OFFICE.**

(please print)

Name of Server applicant _____

Name of Parents _____

Address _____

Parent's Phone Number _____

Email _____

Please check the times when your child can serve at Mass:

_____ My child may be able to serve at all the options listed below:

These are the times altar servers are needed:

Monday-Wednesday at 8:00 am. _____

Thursday through Saturday at 8:00 am. _____

Saturday at 5:00 pm. _____

Sunday at 7:30 am. _____

Sunday at 9:30 am. _____

Sunday at 11:30 am. _____

Weddings _____

Funerals _____

Please be generous. Accepting and keeping assignments builds up responsibility and character. This is a way to give back for the many blessings we have received. Certainly a child brings home many blessings from faithful service at the altar. For further questions don't hesitate to contact Father Mark G. Mazza at the rectory: 650-593-6157, extension 26.

THE ARCHDIOCESE OF SAN FRANCISCO

PARENTAL PERMISSION FORM

ACTIVITY: I give my child permission to participate as an Altar Server for IHM Parish.

CHILD'S NAME: _____ **PARISH:** Immaculate Heart of Mary

HOME ADDRESS (Street, City, Zip)

PHONE: (_____) _____

SCHOOL: _____

GRADE: _____

BIRTH DATE _____

GENDER: _____

PARENT/GUARDIAN'S

NAME: _____

ADDRESS (Street, City, Zip)

HOME PHONE: (_____) _____

WORK PHONE: (_____) _____

PERSON(S) (OTHER THAN PARENT/GUARDIAN) TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____

PHONE:(_____) _____

RELATIONSHIP TO CHILD: _____

I, the parent/guardian of the above-named child, hereby give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform with the directions and instructions of the parish, school, or Archdiocesan personnel responsible for the activity.

I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above-named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by the Archbishop/Parish/School/Agency and affiliate organizations.

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____

OTHER PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____

While being sensitive to single-parent situations and possible embarrassment to the children, signature of both parents should be obtained when possible.

