

**St. Mary's
Family Faith Formation 2019 - 2020
Registration Form**

FAMILY NAME: _____

ADDRESS: _____
Street City Zip

EMAIL: _____ **CELL:** _____ **HOME:** _____

Mother _____ **Father** _____

Date of Birth ____/____/____ **Date of Birth** ____/____/____

Other ADULTS attending, or may attend Family Faith Formation with children:

Grandmother _____ **Grandfather** _____

Aunt _____ **Uncle** _____

GUARDIANS (if not mother & father listed above)

Name(s): _____

Address _____ **Phone:** _____

CHILD _____ **Date of Birth** ____/____/____

Grade _____ **School** _____

Sacrament Received _____ **Church/Parish Name, City and State, Date** _____

Baptized _____ No ___ Yes @ _____

First Reconciliation _____ No ___ Yes @ _____

First Communion _____ No ___ Yes @ _____

CHILD _____ **Birthdate** ____/____/____

Grade _____ **School** _____

Sacrament Received _____ **Church/Parish Name, City and State, Date** _____

Baptized _____ No ___ Yes @ _____

First Reconciliation _____ No ___ Yes @ _____

First Communion _____ No ___ Yes @ _____

CHILD _____ **Birthdate** ____/____/____

Grade _____ **School** _____

Sacrament Received _____ **Church/Parish Name, City and State, Date** _____

Baptized _____ No ___ Yes @ _____

First Reconciliation _____ No ___ Yes @ _____

First Communion _____ No ___ Yes @ _____

**DIOCESAN EVENT WAIVER AND RELEASE
DIOCESE OF OGDENSBURG, NY**

Youth's Name: _____ Age: _____ Grade: _____

Youth's Name: _____ Age: _____ Grade: _____

Youth's Name: _____ Age: _____ Grade: _____

Youth's Name: _____ Age: _____ Grade: _____

Parish/School/Program: St. Mary's Parish City: Evans Mills, NY
Event: Family Faith Formation/RE Events Date(s): September 1, 2019 – September 1, 2020

I/We, the parent(s)/guardian(s) of the above named youth, hereby give my/our approval for his/her participation in the above event.

I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Ogdensburg, St. Mary's Parish, Fr. Vincente Jazmines, Pastor, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

It is understood and agreed that neither the Parish, the Catholic Diocese of Ogdensburg, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event.

I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury.

In case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS).

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____