

St. Mary Magdalen's 2020-2021 Registration Form

STUDENT INFORMATION:

Student's Full Legal Name: _____ Grade: _____

Birth Date: _____ Place of Birth: _____

Date of Baptism: _____ Where: _____

Date of First Communion: _____ Where: _____

Date of Confirmation: _____ Where: _____

Parish - City - State

Parish - City - State

Parish - City - State

If student was not baptized at St. Mary Magdalen Church we will need a certified copy of baptismal certificate

Special Information we should know (allergies, learning disabilities, medication, etc.) _____

FAMILY INFORMATION:

Father's Full Name: _____

Mother's Full Name: _____ Maiden Name: _____

Home Phone No.: _____ Email Address: _____

Mailing Address: _____

Physical (Home) Address (if different than mailing): _____

Father's Cell Phone #: _____ Father's Work Phone #: _____

Mother's Cell Phone #: _____ Mother's Work Phone #: _____

Marital Status _____

Were you married in Catholic Church? Y N Where: _____

Parish - City - State

EMERGENCY CONTACT INFORMATION:

In case of an emergency and we are unable to contact you. Please list local contacts only!

Name: _____

Home Phone #: _____ Cell Phone #: _____

Name: _____

Home Phone #: _____ Cell Phone #: _____

A donation of \$30.00 for one child and \$50.00 for two or more children would be appreciated. Please make checks payable to St. Mary Magdalen Catholic Church.

I give my permission for projects, events or outings within the Worland area. I also give permission for my student to ride the church bus that picks up students at East Side.

Parent's Signature: _____

Novel Coronavirus Acknowledgement & Waiver

I agree, represent and warrant that neither the undersigned, nor any registered participant child(ren) shall visit or participate in the activities of the Diocese of Cheyenne at any parish 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; OR if he or she (1) experiences symptoms of COVID-19, including without limitation, fever, cough or shortness of breath, or (2) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the Program Administrator (or their immediate assistant) immediately if any of the foregoing access/use restrictions may apply.

The Diocese of Cheyenne and the participating diocesan parishes have or may put in place preventative measures to reduce the spread of COVID-19 before and during all faith formation, religious education, catechetical activities and events, youth ministry, and young adult ministry (“faith formation”). I agree to comply with measures that may be required to best protect against the introduction of viruses at the parishes, including, but not limited to hygiene practices and temperature screening, completion of a daily screening form, social distancing, and the use of personal protective equipment such as masks and/or gloves. However, the Diocese of Cheyenne or its participating parishes cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending faith formation may or may not increase your risk and your 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 could possibly be exposed to or infected by COVID-19, by participating in faith formation, 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 faith formation at parishes may result from the actions, omissions, or negligence of myself and others, including but not limited to, employees and volunteers of the Diocese of Cheyenne or participating parishes, in addition to other program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself, including but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at faith formation. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge and hold harmless Bishop Steven Biegler, the Diocese of Cheyenne, all participating Catholic diocesan parishes and their employees, volunteers, agents, and representatives of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of any of the foregoing persons or entities, its employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during or after participation in any faith formation activity.

Signature

Date

Parent Name Printed

Child(ren) Name(s) _____