

2020 – 2021 Promotional Media Release

During the Faith Formation Program Year, St. Peter the Apostle Catholic Church may participate in videotape, motion picture, audio recording or still photograph productions that involve the use of students’ names, likenesses or voices. Such productions may be used for educational or exhibition purposes by St. Peter the Apostle Catholic Church in perpetuity and may be copied, copyrighted, edited and distributed by St. Peter the Apostle Catholic Church in perpetuity unless said consent is revoked in writing.

News media, including representatives of television, radio, newspapers and magazines, also often are permitted on parish property and may take notes, still, photos, sound recordings and/or moving pictures that may include your child. These items may appear or be used in news or feature stories by print, television or radio media.

You have the right to object to the use of your child’s name, picture or voice in these productions and may do so by completing the form below and returning it to the Parish Director of Faith Formation for St. Peter the Apostle Catholic Church. If you have any questions, please contact the Faith formation office at 727-264-8968.

Please return this form by September 15, 2021

I/We, the undersigned, **do / do not** hereby consent that:

(Circle One)

St. Peter the Apostle Catholic Church may use the name, portrait, or other likeness of my child for St. Peter the Apostle Catholic Church bulletin boards, Website, news releases, media and promotional activities. This consent is renewed at the beginning of each Faith Formation Program Year.

Student’s Name

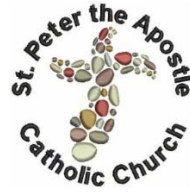
Date of Birth

Father or Legal Guardian’s Name (print)

Mother or Legal Guardian’s Name (Print)

Father or Legal Guardian’s Signature

Mother or Legal Guardian’s Signature



12747 Interlaken Road, Trinity, FL 34655
(727) 264-8968

ANNUAL PARENTAL PERMISSION/RELEASE (St Peter ROCKS) for Communication, Photos, and Medical

Method of Communication Release:

During the year your teenager is a member of the parish youth ministry, we do try to keep them up-to-date with dates for meetings and/or changes in our calendar of events. With the implementation of the Safe Environment policies within the Diocese of St. Petersburg, we are now seeking your permission for these items.

___ Yes, I give _____ (my youth) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her:
(please check all that apply)

- Email address _____
- Facebook _____
- Instant Messaging _____
- Home phone _____
- Cell phone _____
- Text message _____
- Postal mail _____

I also give permission for the Parish Coordinator of Youth Ministry and/or youth ministry team leaders to use this contact information to communicate with him/her. We understand that any addresses received through the parish youth ministry will only be used for the parish youth ministry purposes.

___ No, I do not give _____ (my youth) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her (please check all that apply):

- Email address Facebook
- Instant Messaging
- Text message
- Home phone
- Cell phone
- Postal mail

___ I, as parent/guardian, would also like to receive an email update of all dates for meetings and/or changes in the calendar of events. My email address is: _____.

Publicity/Photo/Video Release:

From time to time, publicity releases for newspapers, television, website, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by Parish or media representative.

___ Yes, I do give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

___ No, I do not give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

(over)

Reviewed 04/04/2019

St. Peter the Apostle Catholic Church
12747 Interlaken Road, Trinity, FL 34655
(727) 264-8968

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HEREBY AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO CONTACT MY CHILD'S PHYSICIAN AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN. THIS MEDICAL RELEASE IS VALID FROM AUGUST 1, 2020 UNTIL JULY 31, 2021 AND FOR ALL EVENTS THROUGHOUT THE YEAR. I UNDERSTAND THAT IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM AS NECESSARY THROUGHOUT THE YEAR.

Youth's Name: _____

Parent or Legal Guardian's Name _____ Phone(s) _____

Emergency contact information: _____

Family Physician's Name: _____ Phone: _____

Insurance Co. Name _____ Medical Insurance: ID number _____

Group Number _____ Cardholder's Name _____

Health Information

List all medications taken daily and/or regularly: _____

Youth/participant's allergies, if any, including medication and food allergies: _____

Youth/participant's chronic medical problems (e.g. diabetes, epilepsy): _____

Youth/participant's other physical restrictions or dietary requirements (if any): _____

Date of Tetanus: _____ Other medical: _____

Other medical treatment: In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect.

My child may be given: Tylenol (circle: yes / no); Ibuprofen (circle: yes / no); Throat lozenges (circle: yes / no); Benadryl (circle: yes / no).

Signature of Parent/Guardian

Date

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____ who [] is personally known to me, or [] who produced the following as identification _____.

(SEAL)

Signature of Notary Public

Typed or printed name

Commission No. _____

FAITH FORMATION REGISTRATION FORM 2020 – 2021 (PLEASE COMPLETE BOTH SIDES)

St. Peter the Apostle Catholic Church 12747 Interlaken Road Trinity, FL 34655 727-264-8968 faithform@sptatrinity.org

Family Last Name _____ Parish Envelope Number _____ Need to Register w/ SPTA _____

Student(s) Live With (Please Circle) Both Parents Mother Father Guardian (Relationship): _____

Home Address _____ E-Mail Address _____

_____ Primary Phone _____

Mother's Name _____ Mother's Work/Cell _____

Father's Name _____ Father's Work/Cell _____

IN CASE OF EMERGENCY and in the event parents or legal guardian cannot be reached, please contact:

Name: _____ Relationship to Child(ren) _____

Phone: _____ Permitted to Release Child(ren) Yes No (Circle One)

Please INITIAL to check all that apply below:

_____ By providing the email address above **I consent** to email communication from the parish (do not provide if you do not consent).

_____ I have received a copy of the Diocesan Harassment and COVID 19 Policies, and have read and will comply with the policies as listed.

_____ I have attached a completed and signed 2019 – 2020 SPTA Parent/Student Parish Faith Formation Policy Acknowledgement Form.

_____ I have attached a completed and signed 2019 – 2020 Promotional Media Release form for each child.

_____ I have attached a copy of Baptism Certificate if student is receiving a Sacrament in 2020 **OR** _____ Copy previously submitted to SPTA

_____ I am enclosing \$ _____ Faith Formation Tuition Registered Family: \$75.00 per student; \$150.00 Max per Family. **

_____ I am enclosing \$ _____ Faith Formation Tuition Non-Registered Family: \$200.00 per student; \$400.00 Max per Family.

_____ I am enclosing \$ _____ Sacramental Preparation Fee for each student receiving First Eucharist in 2020 (\$75.00 per student).

_____ I am enclosing \$ _____ Sacramental Preparation Fee for each student receiving Confirmation in 2020 (\$100.00 per student).

_____ Completed and Signed Sacramental Pre-Registration Information Form for 2020 – 2021 Sacrament (Office Use).

Signature of Parent/Guardian _____ Printed Name _____ Date _____

**Scholarships Available

Please complete Both Sides

Last Name _____ First Name _____

Birthdate _____ Age as of 9/15/2020 _____ Gender: Male _____ Female _____

School _____ Grade (Fall 2020) _____

SACRAMENTS RECEIVED BY CHILD Date/Church/City/State

Baptism Yes No _____

First Reconciliation Yes No _____

First Eucharist Yes No _____

Confirmation Yes No _____

Previous Religious Ed. Year(s) Completed _____

SPTA _____ Other: _____

What we should know about your child (allergies, medical, behavioral, or physical conditions) _____

Check Desired Weekly Session Below:

- _____ Pre K thru Sixth Grade:
- _____ Middle School (7th-8th):
- _____ Senior Youth (9th-12th): (Includes Confirmed Middle School Students)

My Child Needs Sacramental Preparation:

- _____ 1st Eucharist Prep for 2021 (2nd Year prep)
- _____ 1st Eucharist Prep for 2022 (1st Year prep)
- _____ Confirmation Prep for 2021 (2nd Year prep Grade 8)
- _____ Confirmation Prep for 2022 (1st Year prep Grade 7- 8)

Last Name _____ First Name _____

Birthdate _____ Age as of 9/15/2020 _____ Gender: Male _____ Female _____

School _____ Grade (Fall 2020) _____

SACRAMENTS RECEIVED BY CHILD Date/Church/City/State

Baptism Yes No _____

First Reconciliation Yes No _____

First Eucharist Yes No _____

Confirmation Yes No _____

Previous Religious Ed. Year(s) Completed _____

SPTA _____ Other: _____

What we should know about your child (allergies, medical, behavioral, or physical conditions) _____

Check Desired Weekly Session Below:

- _____ Pre K thru Sixth Grade:
- _____ Middle School (7th-8th):
- _____ Senior Youth (9th-12th): (Includes Confirmed Middle School Students)

My Child Needs Sacramental Preparation:

- _____ 1st Eucharist Prep for 2021 (2nd Year prep)
- _____ 1st Eucharist Prep for 2022 (1st Year prep)
- _____ Confirmation Prep for 2021 (2nd Year prep Grade 8)
- _____ Confirmation Prep for 2022 (1st Year prep Grade 7-8)

Last Name _____ First Name _____

Birthdate _____ Age as of 9/15/2020 _____ Gender: Male _____ Female _____

School _____ Grade (Fall 2020) _____

SACRAMENTS RECEIVED BY CHILD Date/Church/City/State

Baptism Yes No _____

First Reconciliation Yes No _____

First Eucharist Yes No _____

Confirmation Yes No _____

Previous Religious Ed. Year(s) Completed _____

SPTA _____ Other: _____

What we should know about your child (allergies, medical, behavioral, or physical conditions) _____

Check Desired Weekly Session Below:

- _____ Pre K thru Sixth Grade:
- _____ Middle School (7th-8th):
- _____ Senior Youth (9th-12th): (Includes Confirmed Middle School Students)

My Child Needs Sacramental Preparation:

- _____ 1st Eucharist Prep for 2021 (2nd Year prep)
- _____ 1st Eucharist Prep for 2022 (1st Year prep)
- _____ Confirmation Prep for 2021 (2nd Year prep Grade 8)
- _____ Confirmation Prep for 2022 (1st Year prep Grade 7-8)

ST PETER THE APOSTLE CATHOLIC CHURCH
Parent/Student Faith Formation Safe Environment Policy Acknowledgement

I/We have received and read the Faith Formation Parents Handbook of St. Peter the Apostle Catholic Church. My child(ren) and I/We acknowledge, understand, and agree to cooperate with and abide by the Diocesan/Parish program policies set forth in this handbook, including the Harassment Policy in Non-Employment Situations and the Safe-Environment (including COVID 19) Policies of the Diocese of St. Petersburg. I/We understand that as a growing Parish necessitates, this Handbook may be amended and written notices will be sent with the children and announced at family meetings. I/We understand that my child will receive instruction in Safe Environment practices within the regular program class time.

Please sign/print/date as appropriate in the spaces provided.

___ I will attend the Parent/Student Safe Environment Education program session either online or as scheduled on the date designated on the Faith Formation/Parish Calendar

___ I cannot attend the Parent Safe Environment Education Program, but I wish to receive all materials related to the Safe Environment Parent Education Program

___ I cannot attend the Parent Safe Environment Education Program and do not wish to receive the materials related to the program

(Signature) Parent/Guardian

(Signature) Parent/Guardian

(Name Printed) Parent/Guardian

(Name Printed) Parent/Guardian

Date

St. Peter the Apostle Catholic Church
Name of Parish

Student Name(s) Printed

Student(s) Signature(s) [optional]



COURAGEOUSLY
Living the Gospel

**Roman Catholic Diocese of St. Petersburg
PARENTAL/GUARDIAN COVID-19
CONSENT FORM AND LIABILITY WAIVER**

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. St. Peter the Apostle Catholic church will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activity (including but not limited to summer camp). However, even though such standards will be followed and reasonable measures put into place, St. Peter the Apostle cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Parish/School activity could 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 that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the parish/school activity 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 St. Peter the Apostle may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish/School employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, _____, grant permission for my child, _____, to participate in this parish activity that may require transportation to a location away from the parish site, notwithstanding the risks associated with the COVID-19 virus and group activities.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, hold harmless, and defend St. Peter the Apostle and The Roman Catholic Church of the Diocese of St. Petersburg, their members, directors, officers, employees, agents and representatives ("indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the indemnitees' in relation to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT I AM AGREEING TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE INDEMNITEES' FROM THEIR OWN NEGLIGENCE IN REGARD TO THE INDEMNITEES' NEGLIGENT ACTION AND/OR INACTION IN REGARD TO PROTECTION AGAINST THE COVID-19 VIRUS.

Signature: _____ Date: _____

Statement of Understanding and Release of Liability in Regard to Covid-19

COVID-19 has been declared a worldwide pandemic by the World Health Organization. In order to resume regular Faith Formation and Youth Ministry operations, the Diocese of St. Petersburg and St. Peter the Apostle Catholic Church have put in place reasonable preventative measures and standards of behavior to reduce the spread of COVID-19 at parish activities. Even with implementation of safety protocols, the Parish cannot guarantee that you or your child(ren) will not become infected with COVID-19; attendance at Parish and/or participation in the Parish activities could increase your risk and/or your child(ren)'s risk of contracting COVID-19.

ASSUMPTION OF RISK: The Diocese of St. Petersburg and St. Peter the Apostle Catholic Church cannot prevent you or your child/children from becoming exposed to, contracting, or spreading COVID-19 while attending parish programs and related activities. It is not possible to prevent against the presence of the disease. Therefore, if you choose for your children to attend St. Peter the Apostle Catholic Church programs, your child and/or other family members may be exposed to and/or at increased risk of contracting or spreading COVID-19. I/we have read and understood the above warning concerning COVID-19. I/we hereby choose to accept the risk of contracting COVID-19 for myself/ourselves, my/our child/children, and/or other family members in order for my/our child/children,

(Name of Minor Child)

to attend parish programs and related activities. By signing this agreement, I/we acknowledge the contagious nature of COVID-19 and that my/our child(ren) and I/we may be exposed to or infected by COVID-19 by attending and/or being present at parish programs, and/or by participating in parish activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the Diocese of St. Petersburg and St. Peter the Apostle Catholic Church and its owners, officers, directors, managers, officials, trustees, agents, employees, authorized volunteers, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to the Program. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Florida will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

(Parent/Guardian Name – Printed)

(Parent/Guardian Signature)

(Date)