EFF/MFF/CONFIRMATION I REGISTRATION CHECKLIST AND WAIVER Please fill out with items list below and return by September 1st, 2021

Child Name				
Parent Name	(last) (first)			
Phone Numb	(last) (first) per Email			
Class or class	es enrolling in			
Emergency (ContactPhone (please list 2)			
	Checklist	Check		
1	On-line EFF/MFF/ Confirmation I Medical Waiver/ Registration (www.barts.org/registration)			
2	Check for program tuition (unless prior arrangements have been made.) • \$300 for one child • \$400 for two children • \$500 for three children plus • \$325, \$425 and \$525 for late payments received after September 1st, 2021			
3	Copy of Baptismal and First Eucharist Certificate (IF COMPLETED) & not sent in last year			
4	Signed EFF/MFF Confirmation I waiver below			
TOTAL AMOUNT ENCLOSED				
all activities s	dersigned parent(s) or guardian(s) of the participant listed above, give my (our) permission for them to participant and/or organized by St. Bartholomew's Church during the 2021/2022 year. I (we) hereby direct months the direction of parish personnel responsible for the activity.			
any and all ac	permission to St. Bartholomew's Parish personnel and volunteers to take photographs of the participant/s what tivities sponsored and/or organized by St. Bartholomew's Parish. I authorize the use of the same in print and, without his/her name and for any lawful purpose, including such purposes as publicity, illustration, advertise	d/or		
my (our) agendiagnosis, tre surgeon, or d	authorize the Director of Religious Education and/or their associates who provide transportation or supervists. This authorization empowers the agent(s) to consent to any x-ray examination, anesthetic, medical, surgical atment, or hospital care which is deemed advisable by and is rendered under the supervision of any licensed pentist. It is understood that the aforesaid agent(s) will make every effort to contact us in case of emergency puch treatment. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.	cal, or dental physician, prior to		
	aware of any medical condition of my (our) child/ren which would render it unsafe for my (our) child/ren trivities my (our) child/ren attends.	to participate in		
or property coassociates and activity, whet	od that I (we), as permitted by law, waive, release and discharge any and all claims for damages for death, per amage which I (we) may have against the Roman Catholic Archbishop of San Francisco, A Corporate Sole, held St. Bartholomew Church as a result of his/her participation in these events, including transportation to and her or not caused by the negligence (active or passive) of St. Bartholomew Youth Ministry, new's Faith Formation Program, the Archdiocesan Youth activities program or any of its agents or employees.	his designees and I from the		

the payment or any resulting hospital, medical, dental or related costs will first be had against any accident, hospital or medical insurance, or

Parent Signature:

any other benefit plan of mine or my spouse.

Consent and Release form- Virtual Meeting for Youth/Adolescents

In the event that class will need to be online next year due to County mandates, 2021/22, we would like all Faith Formation Families to fill-out and return this form preemptively for a smooth transition if the need arises.

We will use zoom technology platforms for programming. Please note that each application collects different information about its users and has its own privacy terms and conditions to which members must adhere and which the parish cannot control or assume responsibility. Please review this carefully before registering for our programs.

Our commitment to keeping your youth/adolescent safe is always our number one priority. All staff have gone through the VIRTUS Safe Environment Program and have been fingerprinted in accord with guidelines of the Archdiocese of San Francisco. In addition, the guidelines you receive have also been reviewed and agreed to by our catechist/youth ministers.

There is no real substitute for face-to face instruction and interaction. We want to continue working with you and youth/adolescent to proclaim the Good News through technology. We are partners in the spiritual formation of each one given in our care. Our collaboration with you is essential to a successful experience with this new way of faith formation. Using technology we all use to stay in touch and to give instruction to/interaction with all.

Parent/Guardian Full Name		
Email address	Phone contact	
Youth/ Adolescent Full Name		

• I have received and reviewed the guidelines for virtual gatherings.

Parent/legal Guardian Signature

- I understand that I will have access to everything provided to my student and be made aware of how social media is being used, be told how to access the sites, and be given accessed to copies on all material sent via social networking.
- I authorize and consent to staff to communicate with my youth/adolescent electronically.
- I understand that no staff or leader can communicate privately with my youth/adolescent.
- I understand that without this consent my child will not be able to participate in this program.
- I understand that children third grade or younger must have a person nearby.
- If I choose to rescind my authorization and consent provided herein, I agree to inform the parish in writing and that my rescission will not take effect until it is acknowledge by the parish.

I hereby hold harmless, release and forever discharge the Archdiocese of San Francisco and its employees, agents, licensees and legal representative from, and shall indemnify them against, all claims, demands, and causes of action which I, my heirs, representatives, executors Administrators or any other person(s) acting on my behalf or on behalf of my estate have or may have by reason of my youth/adolescent's participation in the program and through my authorization, consent and release herein.

•	I have read this Consent and Release Form, I fully understand it, and I voluntarily agree to be bound its terms. I represent and certify that I am the parent or legal guardian of the minor.		
	Yes, I agree	No, I do not agree	