# Form A: Annual Family Consent & Registration





#### **REGISTRATION CONSENT AND WAIVER FORM for YOUTH ACTIVITIES**

This form must be completed and executed for participation in the Children/Youth Activities as a part of registration.

1   FAMILY INFORMATION (Please Print)	inclusive environment for our youth. Please help us to do this by providing the following information. All responses are kept
Father/Guardian Name:	
Phone Number:	
Mother/Guardian Name:	
Phone Number:	
Mother's Maiden Name:	Does your child(ren) have any allergies:
Address:	
City, State, Zip:	
Child Resides With:  Both Parents  Mother  Father	
Email Address:	
2   CHILD INFORMATION (Please Print)	
Child Name:	Does your child(ren) have any learning or development disabilities, or
Age: Grade: Gender:	have special needs:
Sacraments Received:   Baptism First Communion	
Child Name:	
Age: Grade: Gender:	
Sacraments Received:   Baptism First Communion	
Child Name:	Does your child(ren) have any medications or have any medical conditions:
Age: Grade: Gender:	
Sacraments Received:   Baptism First Communion	
Child Name:	—— As a rule, medication will not be administered by RE/Youth Program staff. The exception
Age: Grade: Gender:	is an RE/Youth program or activity that includes an extended day or overnight activity. If medication is required a separate Consent and Waiver Medication Form must be completed
Sacraments Received: 🔲 Baptism 🔲 First Communion	prior to the activity.

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### 4 | POLICIES & PROCEDURES (Please Read and Sign)

**PARTICIPATION PERMISSION:** I, the undersigned, am custodial parent/legal guardian of those listed on this form ("Youth") and request that he/she be to allowed participate in the RE/Youth programs, events and activities to be held at Saint Thérèse Catholic Church ("the Parish") during the 2019/2020 school/parish year (the "RE/Youth Activities"). I understand that the RE/Youth Activities consist of weekly sessions and related activities which may be held from time-to-time.

**LOST OR STOLEN ITEMS:** I hereby understand and agree that neither the Diocese of Tulsa or the Parish nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my or my child's personal property lost or stolen during participation in the RE/Youth Activities.

**CONSENT TO TREATMENT OF PARTICIPANT:** I am the custodial parent or legal guardian of my youth. I hereby warrant that to the best of my knowledge, they are in good health and physically able to participate in the RE/Youth Activities and I assume all responsibility for the health and physical condition and ability of them to so participate. In the event of circumstances that indicate that they are in need of immediate medical care, I authorize and give permission for them to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat my youth. I accept full responsibility for any medical or hospital bills associated with the care of my youth.

**LIABILITY WAIVER:** In consideration of the arrangement set forth herein, I do on behalf of myself, Participant and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant NOT TO SUE, the Parish, the Bishop of the Diocese of Tulsa, and the Diocese of Tulsa and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or my youth may suffer due to illness or injury suffered by those as a result of, or in connection with, participation in the RE/Youth Activities, including the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, housing, meals and collateral entertainment to the fullest extent permitted by law.

**USE OF IMAGE WAIVER:** I hereby grant the Parish and/or the Diocese of Tulsa permission to use, edit, publish, and distribute my child's image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries without payment or any other consideration; I collectively waive all current and future claims to royalties and prior restraint.

**COMMUNICATION/SOCIAL MEDIA CONSENT:** I acknowledge that social media and/or cellular communication may be used to inform my child of upcoming events. I hereby grant the Parish and/or the Diocese of Tulsa permission to communicate with the participant through social media or cellular messaging.

**CONDUCT POLICY:** I hereby acknowledge the participant is to maintain conduct in a manner consistent with the policies of the Parish and/or the Diocese of Tulsa. I understand that failure to do so may result in my child being required to leave the RE/youth activity and/or to discontinue participation in future youth programs and activities at the discretion of the parish, school, and/or the Diocese of Tulsa. The current, written conduct policy is available at either stthereseok. org/youth or stthereseok.org/children.

### **5 | EMERGENCY CONTACT** (Please Print)

Full Name:	 
Relationship:	
Phone Number: _	

#### **6 | SACRAMENTAL RECORDS** (Please Read)

If you are new to our parish, please attach any baptismal, First Communion, or other sacramental records from other parish to this registration.

### 7 | COMMUNICATIONS PREFERENCES

(Please Read and Complete)

From time to time, Saint Thérèse Catholic Church, and its volunteers and employees may have a need to communicate with the families of youth in our faith formation programs. We generally use a secure, third-party service called Remind101, Inc. to send text messages to youth, volunteers, and parents in faith formation programs about upcoming activities, class cancellations, and other related news.

You may contact me and my child(ren) via **text message or phone call** using the phone number(s) listed below:

Phone Number	Name
Phone Number	Name

### 8 | AGREEMENT & SIGNATURE (Please Read)

I certify to that the information contained in this form is true and correct to the best of my knowledge, and agree to the information contained herein, including the policies listed here.

Signature	Date
Printed Name	2020 Pri