



ST. MICHAEL PARISH
2020-2021 RELIGIOUS EDUCATION PROGRAM REGISTRATION

Child's Name _____ **Birth Date:** ___/___/___
Last Name First Middle

Preferred Name or Nickname: _____

School Attending: _____ **Grade in School:** _____

Address: _____
Street City State Zip

Father's Name: _____ **Religion:** _____ **Cell Phone:** _____

Mother's Name: _____ **Religion:** _____ **Cell Phone:** _____
(w/maiden name)

Address (if different from child's):
Address: _____
Street City State Zip

Home Phone: _____ **Email Address:** _____

Parents are: Married ___ Separated ___ Divorced ___

If parents are separated or divorced, who has legal custody of child? _____

Child lives with: Both Parents ___ Mother ___ Father ___ Other _____

SACRAMENTS	Date	Church	City/State
Baptism:	_____	_____	_____
First Eucharist:	_____	_____	_____
First Reconciliation:	_____	_____	_____
Confirmation:	_____	_____	_____

Required baptismal certificate is: ON FILE at St. Michael ___ Attached ___

Additional remarks or questions for parish staff:

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-2020)

I, the custodial parent/legal guardian of _____ (the "Child"), give permission for my Child to participate in the activity described on the *Activity Information Form* (the "Activity") and release from all liability, indemnify, and hold harmless St. Michael Parish and School, the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

I understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

Please indicate. I agree do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.

Please indicate. I agree do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

This Permission, Release, and Authorization is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian _____ Date __/__/_____

Print Name: _____ Home Address: _____

Place of Employment & Address _____

Custodial Parent/Legal Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Phone No. (cell): _____; (other Phone No.): _____

MEDICAL INFORMATION FORM
Completed by Custodial Parent/Legal Guardian — Please Print

Child's Name: _____ Birth Date: ____/____/____

Allergies (e.g. food, drugs, anesthetics): _____

Medications taken regularly: _____

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): _____

Family Doctor: _____ Phone No.: _____

Custodial Parent/Legal Guardian Phone No. (cell): _____ (Other Phone No.): _____

Emergency Contact Phone No. (cell): _____ (Other Phone No.): _____

(See Activity Information Form below)

RELIGIOUS EDUCATION PROGRAM

A. On-Going Program

Parish/School: St. Michael Parish

Program or Group: Religious Education Program

Starting Date: 09/28/2020

Ending Date: 05/17/2021

Registration Fee: \$75 for the first student; \$45 for the second student; and \$35 for each additional student.

Usual Location: St. Michael Parish

Usual day and time: Monday from 7:00-8:15 p.m.

Routine Activities: Religious Education classes for grades 1-8

Group Leader: Andrew Reinkemeyer

Telephone No. 660-473-5387