

St. Michael's Church School Registration – School Year 2018-2019

Parent/Guardian:

Mother's First Name:	Mother's Last Name:
Father's First Name:	Father's Last Name:
Address:	
City:	Zip Code:
Mother's E-mail Address:	
Father's E-mail Address:	
Home Phone:	Mother's Cell Phone:
	Father's Cell Phone:

Child/Children Information:

First Name	Last Name	Allergies or Medical Conditions	Can have a snack?		Birth Date:	Grade
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		

Release waivers:

I hereby authorize St. Michael's Episcopal Church may publish images, which may include photographic, video, or electronic images, taken of my child(ren) for use in St. Michael's Episcopal Church's printed publications, audio-visual media, social media, and website. I acknowledge that since participation in publications, video, websites, and social media produced by St. Michael's Episcopal Church is voluntary, we will receive no financial compensation. I further agree that my child's participation in any publication and website produced by St. Michael's Episcopal Church will have no ownership rights upon me/us whatsoever. I release St. Michael's Episcopal Church, its contractors and its employees from liability for any claims by me or any third party in connection with my child's(ren's) participation until such time I revoke this release in writing and submit it to the Parish Operation Office of St. Michael's Episcopal Church.

Transportation Waiver and Release:

I, the undersigned, give my consent for the person(s) identified above to be transported by St. Michael's Episcopal Church and will assume all liability for my/their participation in this activity/event and any injury that may result during the transport or at the event/activity.

Further, by signing below:

1. I will not hold St. Michael's Episcopal Church, its agents, employees, volunteers, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person(s) in the course of such activities or such travel.
2. I hereby accept financial responsibility for personal items lost by the person(s) identified herein.
3. I authorize St. Michael's Episcopal Church to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person(s) in the course of such activities/events or such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
4. I accept full responsibility and hereby grant permission for me or my minor child to travel with St. Michael's Episcopal Church.

This Waiver and Release will be valid for all transportation occurring as of and after the date below. This Waiver and Release is valid through August 2019.

I have read this waiver form, and understand its terms.

- ☐ Yes, I consent.
- ☐ No, I do not consent.

Parent/Guardian Signature: _____ Date: _____

Please return completed forms to the Parish Office or via email to family@stmichaelsbarrington.org.

Online registration is also available at www.stmichaelsbarrington.org.