

ST. BENEDICT CATHOLIC CHURCH - RELIGIOUS EDUCATION REGISTRATION & LIABILITY FORM FOR K-5/EDGE/THE RULE

Submit One form per child - The participant below is registering for (circle one):

K-5 (Elementary K-5th)

EDGE (Middle School R.E. 6th-8th)

THE RULE (High School R.E. 9th-12th)

PARTICIPANT INFORMATION

First Name: _____ Last: _____

First/Nick Name (for Name Tag): _____ Sex: _____

Address: _____

City/State/Zip: _____

Participant Cell (if applicable): _____ DOB: _____

Student Email (if applicable): _____ T-Shirt Size (EDGE & The Rule Only) _____

Grade as of Fall 2017: _____ School: _____

Hobbies/Clubs/Sports: _____

Mother's Name: _____

Mother's Cell: _____

Mother's Email: _____

Father's Name: _____

Father's Cell: _____

Father's Email: _____

Emergency Contact (after Parents): _____ E.C. Number _____

Updates, inclement weather cancelations, and other correspondents will be done by email. Please list above the email you check daily. Haven't received an email in a while? Check your junk or spam mailboxes.

The parish assesses a fee to cover the cost of religious education: \$40 for the first and second child, with a maximum of \$90 per family. Please do not let finances hinder Religious Education. If you are unable to pay please contact Rob Hamrick, Director of Evangelization and Catechesis rhamrick@saintbenedictparish.org

Office Use Only:

Paid _____ Date _____

Rec'd by _____

Cash _____ Check _____

Name of Participant: _____

Medical Information and Release Form (All information is kept private and confidential)

MEDICAL INFORMATION

In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share ANY information relating to the participant in detail. BE AS SPECIFIC AS POSSIBLE.

Does the participant have any dietary restrictions?	List any dietary restrictions (i.e. vegetarian, allergies):
Is the participant allergic to anything?	List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):
Is the participant currently taking or has taken any prescription medication in the last 6 months?	List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.
Does the participant have any emotional, physical or sensory conditions?	List any emotional conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant. List any physical and/or sensory conditions of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

RELEASE OF LIABILITY AND MEDICAL RELEASE

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Benedict Catholic Church the Catholic Diocese of Richmond, its employees and agents, chaperones, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese. I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold St. Benedict Catholic Church and the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: _____

Date: _____

USE OF PICTURES AND/OR VIDEO

*Pictures of your child participating in activities related to the parish or diocesan events may be posted through St. Benedict Catholic Church and/or Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If you do not want your child's picture to be used for publications please submit a letter in writing to the Director of Evangelization of Catechesis of Saint Benedict. Please note, if you decline to have their picture used we will have to single them out and remove them from photographs with their fellow classmates.*

Q's? Contact Rob Hamrick, Director of Evangelization and Catechesis

rhamrick@saintbenedictparish.org 804-254-8810 x109

THIS FORM COVERS ALL EVENTS (ON & OFF-SITE THROUGH SAINT BENEDICT) TAKING PLACE BETWEEN SEPT 2017 - SEPT 2018.