

FULLY ALIVE FAMILY FORMATION REGISTRATION SUPPLEMENT

Medical Release

As parent(s) or legal guardian(s) of: _____ a minor, age _____ born on (birth date) _____, I (we) give Saint Brigid Catholic Church designated adult supervisor permission to authorize medical treatment for my son/daughter as needed. I further consent that as parent or legal guardian I remain fully responsible for any legal responsibility that may result from any personal action taken by the named participant.

List allergies: _____

Medicine son/daughter currently taking: _____

Accommodations Needed: _____

Family Physician: _____ Phone: _____

Parent Full Name (PRINT): _____

Parent (Guardian) signature: _____ Date: _____

COPY IS VALID AS ORIGINAL

Media Release Form

Saint Brigid Faith Formation will not photograph videotape and/or voicetape individuals in its programs without consent. This form allows you to give permission for your child/children to be photographed, videotaped and/or voicetaped by Faith Formation personnel and/or area news reporters. Please keep in mind that individuals will not be named in full when photographs, videotapes and/or voicetapes are used. Do you wish your children to be photographed, videotaped and/or voicetaped?

YES, you have my permission. NO, you do not have my permission.

Child Custody Policy Agreement

The school/parish shall recognize custodial parents and legal guardians as the primary decision-makers for their children. Legal documentation regarding custody and visitation shall be provided to the school/parish by the custodial parents(s) or legal guardian(s) at the time of registration. The school/parish shall be notified immediately regarding any changes to custodial provisions.

Non-custodial parents shall have access to school/parish records, conferences, and information unless otherwise restricted by court order. Non-custodial parents may not use the school/parish for the purpose of circumventing custody orders or visitation rights. **It is the obligation of parents to properly inform the school/parish of limit of access to children, records or other information**

Parent/Guardian Signature or Initial:

_____ Date: _____

FOR MIDDLE AND HIGH SCHOOL YM STUDENTS ONLY:
WALKING PERMISSION SLIP

DIOCESE OF SAGINAW
PARENT PERMISSION FORM FOR
SAINT BRIGID OF KILDARE CATHOLIC CHURCH

Dear Parent of Legal Guardian:

Your son/daughter is eligible to participate in a school event requiring transportation to a location away from the school and parish premises. This activity will take place under the guidance and supervision of employees from SAINT BRIGID OF KILDARE CATHOLIC CHURCH and/or School:

Name of Event: __Fully Alive YM Offsite Events within walking distance_____

Participation Cost: __n/a_____

Destination: __various locations within walking distance of Saint Brigid Catholic Church_____

Date: __9-1-19 through 9-1-20_____ **Method of Transportation:** __walking_____

Departure Time: __varies_____ **Return Time:** __varies_____

If you would like your child to participate in this event, please complete, sign, and return the follow statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

_____ **STATEMENT OF CONSENT** _____

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. In consideration of my child being allowed to participate in this field trip, I hereby agreed on behalf of myself and my child, to release *Saint Brigid of Kildare Catholic Church, the Roman Catholic Diocese of Saginaw*, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers, (collectively "Releases"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releases from any claims, including Negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

Parent Name (Printed)

Parent Signature

Date

Please return this form to Katie Lyon as soon as possible