

MARY HELP of CHRISTIANS

— Catholic Church and School —

Student Name:
Grade & School:
DOB:
Phone # for Texts:
Email (Student):
Parent Name:
Phone # for Texts:
Email (Parent):
□ Registration Form
□ Parental Guardian Consent Form and Liability Waiver
□ Medical Information and Consent Form
□ ADOM Media/Photo Release Form
□ ADOM Communications Permission Form



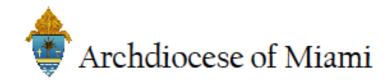
Parental Guardian Consent Form & Liability Waiver

Participant's Information								
Participant's Name:				Date of Birth:				
Address: City:					State:		Zip:	
Home Phone:				Parent/Guardian's Name:				
Cell Phone:	Work Phone:			Other number where Parent/Guardian can be reached:				
Consent & Liability Waiver								
Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older and in high school.								
In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby. agree to allow my son/daughter to be part of MARY HELP OF CHRISTIANS CATHOLIC CHURCH Youth Ministry								
Event & Location: Mary Help of Christians Catholic Church				Time:	ГBD			
Transportation Not Provided			Method	of Trar	nsportation:			
☐ Transportation Provided					Se	<u>lf</u>		
Parent/Guardian Signature (Must sign for any participant under 18 &/or 18 or older & in high school) Participant: In signing the line below, I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand there will be consequences for my actions, including being removed from the activity and being sent home at my parents/guardian's expense. Participant's Signature Date								
		rance I	nforma				4.1	
No, I do not carry medical insu Insurance Carrier:	rance at this time.			l do	carry medical i	nsurance at	this time.	
Name of Insured:			Insurance Policy Number:					
Father's Name:	Day Phone:		Mother'			Day Phon		
In the event the participant does not have parent/guardian.	e insurance, payment	in full for	medical o	care bec	omes the respon	sibility of th	e participant's.	



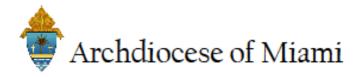
Medical Information & Consent Form

Participant's Name:	Date of Birth:				
Address:	City/State/Zip:				
Home Phone:	Cell Phone:				
Father's Name:	Phone:				
Mother's Name:	Phone:				
Emergency Contact Name:	Phone:				
Language Spoken by Emergency Contact:	,				
I hereby warrant to the best my knowledge, all the information provided child. I understand it is my responsibility to update the Medical Informatinitial) Emergency Medical Treatment In the event of an emergency, I hereby give permission to transport my clease initial)	ion & Consent Form if there are any changes to my child's health. (Please				
Family Doctor's Name:	Phone:				
 Has the followings physical limitations: 	h: Seizures Asthma Diabetic				
INSURANCE I I, I do not carry medical insurance currently. I do carry medical insurance currently. Insurance Carrier: Insurance Policy Number: In the event the participant does not have insurance, payment in full med I fully understand the foregoing statements and sign this Medical Information.					
Parent/Guardian Signature	Date				
(must sign for any participant under 18 &/or 18 or older & in high schoo	1)				



MEDIA/PHOTO RELEASE FORM

I,do hereby give the Archdiocese of Miami, its representatives and employees the right to take video/photographs of me and my property. I authorize the Archdiocese of Miami, its assigns and transferees to copyright, use and publish the same in print and/or electronically.					
I agree that the Archdiocese of Miami may use such video/photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.					
I have read and understand the above:					
Signature:					
Address:					
Email:					
Telephone: Date:					
MINOR CONSENT I am the parent and guardian of the minor named above, and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises. Full Name (please print):					
Signature:					
Address:					
Telephone: Date:					



Communication Permission Form

I,				do her	eby give	coacl	nes and youth
ministry	leaders	permission	to	communicate	with	my	son/daughter,
		usir	ıg dir	rect messaging,	text, en	nail, so	cial media, or
other form	ns of elect	ronic commu	nicati	ion.			
				included in any electronic com		_	
I have rea	d and un	derstand the	abov	/e:			
Signature							
Address:_							
Email:							
Telephone	e:			Date:			