

Registration/Release Form for 2017-2018 Religious Education Program

Diocese of Erie/St. Leo Parish

Family name : _____

Student : _____

Grade: _____

Student : _____

Grade: _____

Student : _____

Grade: _____

Student : _____

Grade: _____

Address: _____ Phone: _____

Please list any health information that might be needed by St. Leo's Religious Education and youth ministry staff, parental aides, or health emergency personnel: (allergies, chronic conditions, recent or current injuries, illnesses, etc

It is the responsibility of the parents to immediately notify the REP director of any allergies or dietary restrictions their children may have. Neither the Religious Education director, nor any catechist, volunteer, etc. may administer medications to any children.

Please list other person(s) we may call for advice or direction in caring for your child in the case of an accident, illness, operation or disaster warning.

Name: _____ Address: _____

Phone: _____ Cell phone : _____

Permission

I/we the parents/guardians of, _____, request that St. Leo Parish allow my child to participate in the classroom events, field trips, social events and service projects of St. Leo Religious Education program

Please continue on other side →

Medical Authorization

In the event of injury/illness to my child during their participation in the Religious Education functions, if the parents/guardians or other persons specifically designated on the Registration form cannot be reached, I hereby give my permission to the supervising adult for the necessary medical treatment to be given to my child. We for myself and my child, respective heirs, and respective legal representatives do hereby indemnify and hold harmless and representative of the Diocese of Erie and the supervising adults from St. Leo's Parish from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I agree that in case of injury to my child, I will apply my hospitalization and/or accident insurance toward the payment of the expenses incurred.

Idemnification

I hereby release and save harmless St. Leo's Parish and the Diocese of Erie, their agents, successors, legal representatives and any and all of its employees from any and all liability for any and all harm arising to my child as a result of his/her participation in the above mentioned Religious Education activities of St. Leo Parish.

Parent/Guardian signature : _____ Date: _____

Father's full name: _____

Address : _____

Day phone : _____ Evening phone : _____ cell phone : _____

Are you a registered member of St. Leo's Parish : _____

Mother's full name: _____

Address : _____

Day phone : _____ Evening phone : _____ cell phone : _____

Are you a registered member of St. Leo's Parish : _____

Code of Behavior

Each youth must attend all of the scheduled activities or class that he/she agreed to attend. The behavior of all must reflect Christian values. The supervising adult will stay at the entire event or class and is responsible for his/her youth. Drugs/alcohol are not permitted. I agree to cooperate with the adult supervisor (s) of the activity in which the youth is

Parent or guardian signature: _____ date: _____

2017-2018 fees:	
The fees will be the same as last year:	
One child.....	\$50
Two children.....	\$75
Three or more.....	\$100
** If you are unable to pay the full cost all at once, we will work with you to pay the fee in increments**	