

FAITH FORMATION REGISTRATION 2020-21

CATHOLIC CHURCH OF THE HOLY SPIRIT

OFFICE USE ONLY
PAID AMOUNT: _____
CHECK # / CASH _____
DATE _____

Please read carefully and print clearly.

Registration Date: _____

CHILD(REN) LAST NAME: _____ E-mail Address: _____

Mailing Address, City, Zip: _____

Father's Full Name: _____ Work# (_____) _____ Cell# (_____) _____

Mother's Full Name: _____ Work# (_____) _____ Cell# (_____) _____

Home Phone #: (_____) _____

EMERGENCY CONTACT (*OTHER THAN PARENT*) IF NEITHER PARENT CAN BE REACHED:

Name: _____ Best Phone # (_____) _____

<i>For Office Use Only</i>	Child's FIRST MIDDLE & LAST Names	Grade in School	Age	Date of Birth	Baptized* <i>Catholic - or - In another faith</i>		Received Eucharist?	Received Confirmation?
					<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
					<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
					<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
					<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
					<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
					<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No

***Please submit a copy of each child's baptism certificate along with registration.**

(initial) I am aware that I may request an Opt-Out Form to exclude my child from participating in the Safe Environment / Abuse Prevention Training class.

PLEASE COMPLETE THE REVERSE SIDE



IN OUR EFFORTS TO BETTER SERVE THE EDUCATIONAL NEEDS OF YOUR CHILDREN PLEASE PROVIDE THE FOLLOWING INFORMATION:

Does your child(ren) have allergies, learning and/or physical disabilities? If yes, please specify.

Child's Name

Allergy/Disabilities

Please also sign the following documents, in the following pages:

- 1. Media Release**
- 2. Families Assumption of Risk & Waiver of Liability Relating to Covid-19**

Our family is registered in this parish:	Yes	No	: <i>If not, please request and complete a PARISH REGISTRATION FORM today.</i>		
Our family attends Mass:	Weekly	Monthly	Seldom	Never	
Our children attended Faith Formation last year:	Weekly	Monthly	Seldom	Never	
Our children will attend Faith Formation this year:	Weekly	Monthly	Seldom	Never	
I can help :	Teach Faith Formation	Occasionally sub in class	Spirit Nite	VBS	Sports

Other help: _____

BY LISTING THE NAMES OF THE PEOPLE BELOW YOU ARE ALLOWING OUR FAITH FORMATION TEACHERS TO RELEASE YOUR CHILDREN TO THEM:

NAME / RELATIONSHIP _____

NAME / RELATIONSHIP _____

NAME / RELATIONSHIP _____

NAME / RELATIONSHIP _____

NAME / RELATIONSHIP _____

REGISTRATION FEE: One child - \$25.00* Each additional child - \$20.00*

*Make checks payable to: *Catholic Church of the Holy Spirit* . Registration forms are due by **August 9, 2020**. Please download form, and email completed form to **Bridget Simpson: dre@hs.ptdiocese.org** drop off at the office/registration table or place in the offertory. **SCHOLARSHIPS AVAILABLE UPON REQUEST.**



THE CATHOLIC DIOCESE
of
PENSACOLA-TALLAHASSEE

Media Release Form

It is the promise and commitment of the Diocese of Pensacola-Tallahassee to use pictures and videos from Diocesan and/or parish youth events in a dignified and respectful manner.

I hereby authorize the Diocese of Pensacola-Tallahassee, including its parishes, schools, and institutions (hereinafter referred to as "Diocese of Pensacola-Tallahassee") to use, prepare, reproduce, record, video tape, publish, distribute, broadcast, electronically store, and exhibit my name, image, portrait, likeness, words, and/or voice in connection with interviews, sessions, or events conducted, sponsored, or arranged by the Diocese of Pensacola-Tallahassee and its employees, volunteers, and agents. I acknowledge that any notes, photographs, motion pictures, digital images, recordings, or other media format taken of me will become the property of the Diocese of Pensacola-Tallahassee, and I specifically waive any right to compensation for the foregoing. I understand that my likeness, name, image, or voice may be used by the Diocese of Pensacola-Tallahassee without limitation for any professional purpose, now or in the future, and I consent to the same. This permission extends to any authorized print or broadcast media organization that may participate in such preparation, use, reproduction, publication, or distribution.

I release the Diocese of Pensacola-Tallahassee and its employees, volunteers, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I also hereby waive any right I may have to inspect and approve in advance the photographs, videos, sound recordings, or publications or media in which I am included. I agree to release the Diocese of Pensacola-Tallahassee and its employees, volunteers, agents and designees from any liability by virtue of the use of the photographs or video recordings, regardless of any blurring, distortion, optical illusion, or alteration which may occur when the photographs or videos are taken, printed, or displayed.

A photocopy of this release shall be as valid and enforceable as the original.

Child Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

I Accept.

By selecting the "I Accept" box, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions.

Signature: _____ Date: _____

*Parent/ Guardian Signature: _____ Date: _____

**The consent and signature of a parent or guardian is required for minors (under the age of 18).*

Revised 8/2020

I DO NOT authorize or release the Diocese of Pensacola-Tallahassee, to use, prepare, reproduce, record, video tape, publish, distribute, broadcast, electronically store, and exhibit my name, image, portrait, likeness, words, and/or voice in connection with interviews, sessions, or events conducted, sponsored, or arranged by the Diocese of Pensacola-Tallahassee and its employees, volunteers, and agents.

I Do Not Accept.

By selecting the "I Do Not Accept" box, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Do Not Accept" you consent to be legally bound by this Agreement's terms and conditions.

Signature: _____ Date: _____

*Parent/ Guardian Signature: _____ Date: _____

**The consent and signature of a parent or guardian is required for minors (under the age of 18).*

Revised 8/2020



Assumption of Risk and Waiver of Liability Relating to COVID-19 (Participants)

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Holy Spirit (Pensacola, FL) _____ (NAME OF PARISH/SCHOOL) has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) (specifically named herein below) will not become infected with COVID-19. Furthermore, attending summer camps, activities, programs, functions, or gatherings of any kind sponsored by Holy Spirit (Pensacola, FL) _____ (NAME OF PARISH/SCHOOL) could increase your or your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected with COVID-19 by attending summer camps, activities, programs, functions, or gatherings and that such exposure or infection may result in infection, illness, personal injury, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, inactions, omissions, or negligence of myself, my child(ren), and/or others, including, but not limited to, clergy, teachers, employees, staff, coaches, volunteers, and other participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any infection, illness, sickness, damage, loss, expense, and/or liability of any kind (including, but not limited to, personal injury, disability, and death) (hereinafter "Claims"), that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at summer camps, activities, programs, functions, or gatherings of any kind sponsored by Holy Spirit (Pensacola, FL) _____ (NAME OF PARISH/SCHOOL).

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Holy Spirit (Pensacola, FL) _____ (NAME OF PARISH/SCHOOL), William A. Wack, as Bishop of the Diocese of Pensacola-Tallahassee, the Diocese of Pensacola-Tallahassee, and all of their current, former, and future representatives, agents, clergy, teachers, employees, staff, coaches, and volunteers (collectively, "the Diocese") of and from all Claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this assumption of risk, waiver, and release includes any Claims based on the actions, inactions, omissions, or negligence of the Diocese, whether a COVID-19 infection occurs before, during, or after participation in any summer camps, activities, programs, functions, or gatherings of any kind sponsored by Holy Spirit (Pensacola, FL) _____ (NAME OF PARISH/SCHOOL).

This Assumption of Risk and Waiver of Liability Relating to COVID-19 is applicable to my child(ren) stated as follows:

(Full Name and Date of birth)

Signature of Parent/Guardian (Date) (Witness) (Date)

Print Name (Witness) (Date)