

RELIGIOUS EDUCATION & YOUTH GROUP REGISTRATION

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*		Received Eucharist?	Received Confirmation?
					<i>Catholic</i> - or - <i>In another faith</i>			
					<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 _____

PARENT or GUARDIAN'S WRITTEN CONSENT for FAMILY PHOTO RELEASE AUTHORIZATION

I affirm that I am the parent or guardian of the above-named child, and I hereby CONSENT / DO NOT CONSENT to the use of his/her photographic or video image for use in the Faith Formation Program at Holy Spirit Parish. These images may also appear on our parish web page. I further affirm that I have the right to issue such consent.

Date: _____ Parent/Guardian Signature: _____

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* *Sacramental Catechesis registration and fees are ADDITIONAL \$20.00 for each child receiving his/her First Holy Communion and Confirmation.

*Make checks payable to: *Catholic Church of the Holy Spirit*. 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 ON REQUEST.



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 Catholic Church _____(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 Catholic Church _____(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 Catholic Church _____(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 Catholic Church _____(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 Catholic Church _____(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)