# Consent and Registration Form
# for
# St. Mary of the Assumption Roman Catholic Church
# And
# The Diocese of St. Catharines

Please accept this registration for CHILDREN'S LITURGY to be held on Sundays from September 14,2014 to June 2015.

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*Participants under age 18 must have their parent/guardian read the following and sign where indicated below.*

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I/We agree to waive, discharge and release the Parish of St. Mary of the Assumption and the Diocese of St. Catharines, their servants, agents, staff, affiliates and volunteers, from any and all claims or liability for damages or expenses, howsoever caused, whether by negligence or otherwise, arising directly or indirectly from this event.

I/We hereby agree to the terms of the above release. In the case of a minor child: should an emergency arise and I cannot be reached I further authorise the project supervisor to act on my behalf to make decisions pertaining to the health, welfare and safety of my child.

I/We have reviewed and agree to the expectations of participants for this event. I/We understand that any infraction of these will result in immediate dismissal at my/our expense.

_____          _____
*Parent/Guardian signature*                                                    *Date*

## MEDIA WAIVER

I, the undersigned, do hereby consent to have photographs taken of me/my child for the use in any form of media and/or publicity material produced or printed by St. Mary of the Assumption Parish or the Diocese of St. Catharines and or other appropriate partners. The undersigned authorizes the photographer/production company to make reproductions of the photograph(s) to be used at the full discretion of the above-mentioned parties. The undersigned release and forever discharges the aforementioned parties and the photographer/production company against all actions and claims.

_____          _____
*Parent/Guardian signature*                                                    *Date*

## CONSENT BY PARENT / GUARDIAN
I have read the above Indemnity and Media Waivers and agree to their terms.

_____          _____
*Parent/Guardian signature*                                                    *Date*

_____          _____
**PLEASE PRINT**          *Name of Parent/Guardian*                            *Phone Number*

_____
*Alternate Phone Number*

# CHILDREN'S LITURGY REGISTRATION FORM 2014 - 2015

PLEASE _**PRINT**_ CLEARLY

Child's Name: _____

Date of Birth: _____          Male ☐ male          ☐
month          day          year

Address: _____
Street info                                                                                          City                    Postal Code

Parent's Name: _____

Parent's contact info: _____
Home or cell phone #                                          email– _please print legibly_

Alternate adult contact: _____
Name / Relationship                                                                              phone #

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**PROCEDURAL INFORMATION**

In the event your child needs you during Mass, please indicate where you generally sit (facing the altar):

Left side: ___aisle   ___window   ___front   ___middle   ___back

Right side: ___aisle   ___window   ___front   ___middle   ___back

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## Medical Information

Health Card # _____

_____       Please check (✓) ifchild has any allergies

If checked, please describe allergy  (food, dust, insect stings, etc)

_____

_____

_____

_____       Please check (✓)  if there are there any medical conditions and/or special needs and/or emergency
procedures of which we should be made aware (eg. serious allergies, physical restrictions, etc.)

If checked, please explain:

_____

_____