

APPENDIX 9B – CHILDREN'S LITURGY REGISTRATION FORM, IMAGE RELEASE, HEALTH INFO AND PARENT/GUARDIAN CONSENT

Parent/Guardian: Please complete both pages of this form and return to the parish.

Part A: Contact Information

Family name: _____
Last name

Address: _____
Number Street Apt. Number P.O. Box or R.R. Number

City Province Postal Code
Child 1 Name _____ **Date of Birth** yy/mm/dd **Age** ____ **Grade** ____ **Male** ☐ **Female** ☐

Child 2 Name _____ **Date of Birth** yy/mm/dd **Age** ____ **Grade** ____ **Male** ☐ **Female** ☐

Child 3 Name _____ **Date of Birth** yy/mm/dd **Age** ____ **Grade** ____ **Male** ☐ **Female** ☐

Child 4 Name _____ **Date of Birth** yy/mm/dd **Age** ____ **Grade** ____ **Male** ☐ **Female** ☐

Parent/Guardian Name: _____
Last name First name

Telephone: Home: _____ Work: _____ Cell: _____

Email: _____

2nd Parent/Guardian Name: _____
Last name First name

Telephone: Home: _____ Work: _____ Cell: _____

Email: _____

Emergency contact other than parent/guardian (when parent/guardian not able to be reached).

Name: _____ **Relationship to child:** _____

Telephone: Home: _____ Work: _____ Cell: _____

Part B: Purpose and Extent

_____ (name of Home Parish) is collecting and retaining this personal information for the purposes of enrolling your child in our programs, to assign the student to appropriate classes, to develop and nurture ongoing relationships with both you and your child, and to inform you and your child of program updates and upcoming opportunities in our Parish and Diocese. Information about programs may be communicated to you and/or your child electronically. This registration, image release and consent form will be maintained indefinitely at the Diocesan Office as required by our insurance company and legal counsel.

I have read, understood and agree with the above.

Signature of parent/guardian _____ Date _____

I hereby give permission to my child to participate in any regular parish and diocesan program for the 20__ - 20__ ministry year.
(If signing up for a program after May 15 of a ministry year, this will be in effect until August of the following year)

Cont. Children's Liturgy Registration Form, Image Release, Health Info AND Parent/Guardian Consent

Part C: Image Release

Photos

Should you **not** wish your child/youth to have photos or images used, please indicate which form is **not** acceptable:

- | | | |
|---|---|---|
| <input type="checkbox"/> Brochures/Promotional Material | <input type="checkbox"/> Church Bulletin Boards | <input type="checkbox"/> Diocesan/Parish Website |
| <input type="checkbox"/> Diocesan/Parish Newsletters | <input type="checkbox"/> Videotaping | <input type="checkbox"/> Social Media (Facebook etc.) |

Part D: General Consent Statement

The Diocese of Prince Albert has a set standard and guidelines for activity management including supervision, training, and health matters. These standards are in our Diocesan Responsible Ministry Protocol and are available upon request.

During a typical year, your child or youth will participate in a variety of activities, which may include, but are not limited to:

- Arts and crafts (use of scissors, glue, other small craft material)
- Active games (physical activities that may involve balls, running, skipping, jumping, etc.)
- Use of equipment (for crafts, games)

In all activities there is an element of risk. Adults in charge of activities will take all reasonable precautions to minimize these risks; this is no guarantee against injury or loss. Some of the risks associated with typical activities include, but are not limited to: scrapes, cuts or bruises; sprains; strains or possible broken bones; illness from known or unknown sources; theft or loss of possessions; unforeseen injuries from activities; equipment or actions of your child, other participants or other people, including negligent actions.

From time to time, unscreened adults may be present. We do not permit a child or youth to be left alone with an unscreened adult.

Part E: Medical Conditions and/or Allergies

Please note any allergy and/or medical condition of which the Children's Liturgy leaders should be aware:

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Parents are always welcome to attend Children's Liturgy with their child(ren) and share personally with the liturgy leader any medical concerns.

Part F: Declaration

I have read and understand the information provided on this form. I understand and assume any and all risks associated with Parish Deanery, and/or diocesan activities on behalf of my son/daughter/ward not limited to those risks listed above. I authorize my son/daughter/ward to participate in the activities described above,

Name: _____ Signature: _____
(please print)

Date: _____

We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form.