

**APPENDIX 8A - CHILDREN/YOUTH REGISTRATION FORM,
IMAGE RELEASE AND PARENT/GUARDIAN CONSENT**

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

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.)

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	<u>yy/mm/dd</u>	Age ____ Grade ____ M <input type="checkbox"/> F <input type="checkbox"/>
Child 2 Name	_____	Date of Birth	<u>yy/mm/dd</u>	Age ____ Grade ____ M <input type="checkbox"/> F <input type="checkbox"/>
Child 3 Name	_____	Date of Birth	<u>yy/mm/dd</u>	Age ____ Grade ____ M <input type="checkbox"/> F <input type="checkbox"/>
Child 4 Name	_____	Date of Birth	<u>yy/mm/dd</u>	Age ____ Grade ____ M <input type="checkbox"/> F <input type="checkbox"/>
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 _____				

