



2016-2017 Religious Education Registration

Student Name: _____ Grade _____ Date of Birth _____
Address _____ City _____ Zip _____
Phone: _____ Email: _____

Are you registered members of OLL parish? Yes _____ If no, parish name: _____

Sacraments to be celebrated this year: Baptism _____ Reconciliation _____ First Communion _____

Baptism Certificate on file at OLL? Yes _____ No _____ [If no, please provide within 30 days of registration]

Father's Name _____ Phone: _____ Email: _____

Mother's Name _____ Phone: _____ Email: _____

Custodial Information - if divorced, separated or a designated guardian, OLL must retain a copy of the legal agreement designating person[s] responsible for decisions related to faith of the child.

The following person has legal authority for raising this child in the Catholic faith:

Name _____ Religion _____
Address _____ Phone _____
Email _____

L.I.F.E. Program Learning about L.I.F.E [Love, Infatuation, Friendship and Exploitation] will be scheduled during regular class time. L.I.F.E guides parents in talking with their children about relationships at age-appropriate levels with an aim at preventing child abuse. **At least one parent/guardian must attend with their child.** Parents/guardians may opt-out of L.I.F.E program by completing an opt-out form.

Allergies, medical conditions, physical, academic or any other special assistance or concerns:

Emergency Contact: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature

Date

Office Use Only: [Receipt must be provided] Check # _____ Cash _____ Amount Paid _____

One Child__ \$70 Two Children__ \$100 Three or more Children__ \$125



Parental/Guardian Medical Information & Consent Form

Applicant Information				
Participant's Name:			Date of Birth:	
Address:	City:	State:	Zip:	Phone:
Father's Name:		Phone:		
Mother's Name:		Phone:		
Emergency Contact:		Languages Spoken by Emergency Contact:		

Medical Matters		
<p>I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information & Consent Form if there are any changes to my child's health. <i>(Please initial)</i> _____</p> <p>Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. <i>(Please initial)</i> _____</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Family Doctor:</td> <td>Phone:</td> </tr> </table>	Family Doctor:	Phone:
Family Doctor:	Phone:	
<p>Medications: I hereby Grant Permission for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless (entity name) _____, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. <i>(Please initial)</i> _____</p> <p>Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:</p>		

Medication:	Dosage:	Administer:
Medication:	Dosage:	Administer:
Medication:	Dosage:	Administer:

<p>Medical Conditions Information: (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.) My son/daughter:</p> <ul style="list-style-type: none"> • Is allergic to the following medications _____ • Has had an episode of the following or has been diagnosed with: <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetic • Has had allergic reactions to the following (foods, dyes, latex, etc.) _____ • Has had a medical surgery within the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No Still under doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No • Has a medically prescribed diet <i>(please explain)</i> _____ • Has the following physical limitations _____ • Immunizations current and up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last tetanus/diphtheria immunization _____ • You should also be aware of these special medical conditions of my child: _____

Insurance Information	
<input type="checkbox"/> No, I do not carry medical insurance at this time. <input type="checkbox"/> I do carry medical insurance at this time.	Insurance Carrier:
Name of Insured:	Insurance Policy Number:

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

Parent/Guardian Signature <i>(must sign for any participant under 18 or 18 or older & in high school)</i>	Date
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Image Release Form

(Photography and Image Assignment Waiver, and Release)

I _____,
for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to _____ and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Diocese. Participants' names would not be identified, however, without specific written consent. I further understand that the Diocese has no control over the use of photographs or film taken by media that may be covering the event in which my child(ren)/ward(s) participate(s).

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

Signature

Date

Witness

If applicable, name(s) of minor children/wards:

