

ST. RAPHAEL'S RELIGIOUS EDUCATION PROGRAM THE EDGE - Junior High Youth Ministry Program (2009-2010)

Student Name: _____

(Last) (First) (Middle)

Persons authorized to be notified in case of an emergency or to pick up child in the absence of the parent:

(Other than the Parents or Guardians)

Name	Relationship to Child	Home Phone	Cell/Work Phone

I, the parent (guardian) of the above name child, hereby, give my permission for his/her participation in the Religious Education and Youth Ministry Programs of St. Raphael's Parish. I agree to direct my child to cooperate and conform with directions and instructions of Parish, School, or Archdiocesan personnel responsible for youth activities.

I agree that in the event my child is injured as a result of his/her participation in the above named program or youth activities including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the Parish, School, or Archdiocesan youth activity program, or any of its agents or employees, recourse for the payment of any resulting medical or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity of this program.

I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Parent/Guardian's Signature: _____ Date: _____

I understand that from time-to-time Youth Ministry may wish to publish activity and event photos of participants on the Youth Ministry and/or Parish websites. I acknowledge that our Youth Ministry and Parish web site content is not private and can be reviewed, copied downloaded and transmitted by anyone with access to the Internet and that these programs have no control over this.

I hereby waive, release, and forever discharge any and all claims, demands or causes of action against the parish and its staff, agents, contractors and any other person, organization or entity assisting them in connection with the posting of information on the web site for damages or injuries in any way related to, connected to or arising from the publishing or posting of information on these Internet web sites or the use of that information and expressly assume the risk of any injury or damage resulting from said posting of information on the web site.

I further understand and agree that this authorization remains in effect until such time as it is withdrawn in writing. I understand that if I change my mind relating to this authorization and any pictures containing my child will be removed from said web site(s).

Parent/Guardian's Signature: _____ Date: _____

PAYMENT INFORMATION:

Amt. _____
 Check # _____
 Date _____

Registration Fee is
\$45 Includes EDGE T-SHIRT
Due at Sign Up