

**ST. RAPHAEL'S CHURCH
CONFIRMATION & LIFE TEEN PROGRAMS (2008-2009)**

Student Name: _____

(Last)

(First)

(Middle)

(Name Used)

**Persons to be notified (other than parent) in case of an emergency:
(Individuals authorized to pick-up child in the absence of the Parents.)**

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 for 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:	Fee is \$65. After 9/15/08 Fee is \$85
Amt. _____	
Check # _____	
Date _____	
Recorded in Omnidata _____	
Recorded in Accounting _____	