



# ST. THERESA PARISH

Family Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Parent 1:</b> Name: _____ Cell: _____ Email: _____ Receive FF email: <input type="checkbox"/> Yes <input type="checkbox"/> No Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other _____	<b>Parent 2:</b> Name: _____ Cell: _____ Email: _____ Receive FF email: <input type="checkbox"/> Yes <input type="checkbox"/> No Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other _____
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Registered at St. Theresa:     Yes     Need to Register (please go to parish website or call parish office, see below)

### Child/Children's Information:

Child's Name	M / F	Date of Birth	Grade Aug. 2023	School	Check if child HAS received	Registering for	Fee
					<input type="checkbox"/> Baptism <input type="checkbox"/> 1st Reconciliation <input type="checkbox"/> 1st Eucharist	<input type="checkbox"/> KinderChurch <input type="checkbox"/> FFF (Gr. K-8) <input type="checkbox"/> Reconciliation/Eucharist <input type="checkbox"/> Confirmation Year I <input type="checkbox"/> Confirmation Year II <input type="checkbox"/> HSYM	\$35/1ch or \$50/2+ \$125/1ch or \$200/2+ \$60 Sac.Fee /child \$150 \$350 (includes overnight retreat fee)
					<input type="checkbox"/> Baptism <input type="checkbox"/> 1st Reconciliation <input type="checkbox"/> 1st Eucharist	<input type="checkbox"/> KinderChurch <input type="checkbox"/> FFF (Gr. 1-5) <input type="checkbox"/> Reconciliation/Eucharist <input type="checkbox"/> Confirmation Year I <input type="checkbox"/> Confirmation Year II <input type="checkbox"/> HSYM	\$35/1ch or \$50/2+ \$125/1ch or \$200/2+ \$60 Sac.Fee /child \$150 \$350 (includes overnight retreat fee)
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**Registration is requested by Sept. 1st.** All forms and payment are due at time of submission in order for registration to be complete.

If this is your first time registering for FF at St. Theresa, please include a copy of your child's Baptismal Certificate.

Total Amount Due: \$ \_\_\_\_\_

Please contact the ministry coordinator or pastor if payment plan or financial assistance is requested.

**OFFICE USE ONLY:** Date Entered: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

St. Theresa Parish, Diocese of Oakland

PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address / City / Zip: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's Cell: \_\_\_\_\_

Person, other than parent/guardian, you authorize to be contacted IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell: \_\_\_\_\_

HEALTH & MEDICAL INFORMATION:

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Plan: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician?  Yes  No

State any reasons why you do not want medical care given to our child in an emergency: \_\_\_\_\_

Does child(ren) have any medical conditions / allergies / take any medication? List name(s) and explanation below.

\_\_\_\_\_

Circle if your child has had difficulty with: asthma fainting diabetes heart eyes  
ears nose throat lungs digestion convulsions menstrual problems

List any physical restriction for any activity on the basis of medical condition: \_\_\_\_\_

Allergy or reaction to any medication or food?  No  Yes, list \_\_\_\_\_

Date of child's last physical examination: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL PERMISSION & ACKNOWLEDGMENT OF CONDITIONS FOR PARTICIPATING IN PROGRAM**

1. I/we, parent or authorized guardian of the below-named child(ren) hereby give permission for his/her participation in 2023-2024 St. Theresa Faith Formation/Youth Ministry and all related activities, including but not limited to transportation to and from events.
2. I/we agree to direct my/our child(ren) to cooperate and comply with reasonable directions and instructions of Faith Formation/Youth Ministry staff and volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child(ren) as a result of his/her participation in this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or facilities, vehicle accidents while in transport or through the activity itself.

**RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to participate in the activities of the youth ministry program, use of the equipment provided and to enter the premises or facilities of the Diocese of Oakland for any purpose including observation and participation in activities, the parent or guardian for him/herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant, whether caused by negligence or other conduct by the Releasees while the participant is participating this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.
3. That the participant has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above. Date: \_\_\_\_\_

List Child(ren) Name(s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**SAFE ENVIRONMENT PROGRAM**

Annually, St. Theresa Parish is required by the diocese to offer curriculum which "will be focused on child safety, with special emphasis on child abuse and its prevention." - Diocesan overview on Safe Environment

***CHOOSE ONE:***

My child/children (name/names): \_\_\_\_\_ **MAY PARTICIPATE** in the Safe Environment sessions/training given during Faith Formation at St. Theresa Parish during the 2023-2024 year.

I wish to **OPT OUT** of any Safe Environment sessions for my child/children (name/names): \_\_\_\_\_ at St. Theresa Parish during the 2023-2024 year.

Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**MODEL RELEASE STATEMENT**

I hereby (*circle one*) **GRANT/DECLINE** permission for my child(ren) named on this form to be photographed and/or videotaped during Youth Ministry & Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc.) for the purpose of promoting the activities of St. Theresa Parish.

I have read this Agreement and understand everything written above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_