

# 2016-2017 R.E. Registration ~ St. John, Fairfield

**Student 1 Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Allergies or Health Concerns? Please explain: \_\_\_\_\_

Student cell number: \_\_\_\_\_ Student e-mail: \_\_\_\_\_

**Student 2 Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Allergies or Health Concerns? Please explain: \_\_\_\_\_

Student cell number: \_\_\_\_\_ Student e-mail: \_\_\_\_\_

**Student 3 Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Allergies or Health Concerns? Please explain: \_\_\_\_\_

Student cell number: \_\_\_\_\_ Student e-mail: \_\_\_\_\_

**Student 4 Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Allergies or Health Concerns? Please explain: \_\_\_\_\_

Student cell number: \_\_\_\_\_ Student e-mail: \_\_\_\_\_

(Any further children, please write information on the back)

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

The above address is for (circle one): both parents/ mother/ father/ \_\_\_\_\_

Contact Person 1 (Parent/Guardian) name: \_\_\_\_\_

Cell phone : \_\_\_\_\_ Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person 2 name: \_\_\_\_\_ relationship: \_\_\_\_\_

Cell phone : \_\_\_\_\_ Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person 3 name: \_\_\_\_\_ relationship: \_\_\_\_\_

Cell phone : \_\_\_\_\_ Home phone: \_\_\_\_\_

**Medical release:** If necessary, and if I (a parent/guardian) cannot be contacted or respond, I hereby grant permission for myself/son/daughter to be evaluated, diagnosed and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve St. Joseph Parish and the Roman Catholic Diocese of Helena of all consequences that may arise as a result of treatment. I will hold harmless and indemnify parish/school and the Roman Catholic Bishop of Helena, the Diocese of Helena, chaperones, or representatives associated with the 2012 Creation Northwest music festival from any liability in the event of injury. Furthermore, I agree to accept any and all financial responsibility as a result of scheduling treatment for such injuries. I/my child agree/s to abide by all rules and regulations attached to this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Media release:** I give permission for pictures of my children to be posted on the parish webpage and/or used for promotional or highlight materials including but not limited to the bulletin, parish newsletters, posters, slide shows or posted on the parish webpage – STJOSEPHCHOTEAU.COM.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_