## St. Edmond Catholic Church 2024-2025, Grades 9 – 12 YOUTH GROUP REGISTRATION

Student's Name:					Sex: M F
	(Last)	, ,	•		(circle one)
Date of Birth	School attending:_			Grade Level	2024-2025
PLEASE PRINT THE FOL	LOWING INFORMAT	ION CLEAR	RLY		
FATHER'S NAME:					
(Father's last name)		(Father's first name)			
MOTHER'S NAME:					
Matharia Drimanu Francil	•	=	(Mother's first name)		
Mom's work phone#:					
			Dad's work phone#: Dad's cell #:		
Child lives with: (circle t					
Father & Mother		Single Mother	Single Father		
Mother & Stepfather Fathe		Father & S	Stepmother	pmother Grandparents Guardian/Other	
In the event of an emer	gency:				
Emergency Contact Pers	son 1:		ner than parents)		
		(011	ioi tilali parolitoj		
Emergency Contact Pers	(Home #) son 2:		(Work #)	(Cell #)	
<i>5</i>			ner than parents)		
(Hom	ne #)	(Wo	ork #)	(Cell#)	
Is your child on any med	ication of which we no	eed to be av	ware? If yes, please list me	edication(s).	
Does your child have an	y illnesses, allergies, o	or disabilitie	es of which we need to be a	aware?	
Does your child have an	y type of special need	s?			

## **PHOTO RELEASE** I, the parent/legal guardian of, \_\_\_\_\_ permission for the St. Edmond Catholic Church to photograph my child while attending classes and/or participating in activities connected to our program. \_\_\_\_ Agree \_\_\_\_ Disagree I give permission for my child's photograph to be taken as per the above referenced activity. \_\_\_\_ Agree \_\_\_\_Disagree I give permission for pictures of my child in a group setting to be placed on the St. Edmond's website, Instagram account, and/or Facebook page. Please note that no names of minors will be listed with any photographs. By signing this release, I acknowledge that I hereby release and forever discharge St. Edmond Catholic Church and her employees/volunteers from and against all claims, damages or suits which may arise from the use of these pictures taken during the CCD activities. Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_ MEDICAL RELEASE This is to inform you that \_\_\_\_\_\_ has my permission to attend and participate in all St. Edmond CCD **MEDICAL RELEASE** activities on church property. I also understand that some activities may require physical exertion, and I give my child permission to participate in all such activities. \_\_\_\_\_ Date: \_\_\_\_ Signature of Parent: \_\_\_ I understand that not all students and volunteers will be wearing face masks and do not hold St. Edmond responsible for any Covid-19 related medical issues that may arise. Signature of Parent: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ ST. EDMOND CATHOLIC CHURCH MEDICAL CONSENT FORM Permission is hereby granted to the person in charge during St. Edmond CCD to call 911 for ambulance and medical assistance for my child, \_\_\_\_\_, if deemed necessary. Every precaution will be taken to prevent an accident or injury, however in the event of accident or illness, I will assume financial responsibility for treatment of the above-

named youth and not hold the Diocese of Lafayette, St. Edmond Church and/or the adult volunteers financially liable.

Signature of Parent: Date: