All Saints Family Faith Formation
2015 - 2016 Registration Form

FAMILY NAME:_____

ADDRESS: _____
Street City Zip

HOME PHONE _____**CELL PHONE**_____**EMAIL**_____

MOTHER_____**FATHER**_____ **Anniversary Date**__/__/___
Birthdate_____/_____/_____ **Birthdate**_____/_____/_____

and *Other ADULTS attending Family Faith Formation with children:*

GRANDMOTHER _____ **GRANDFATHER** _____ **Anniversary Date** __/__/___
Birthdate_____/_____/_____ **Birthdate**_____/_____/_____

AUNT _____ **UNCLE** _____ **Anniversary Date**__/__/___
Birthdate_____/_____/_____ **Birthdate**_____/_____/_____

GUARDIANS (if not mother & father listed above)_____

CHILD_____**Birthdate**__/__/___GRADE_____SCHOOL_____

BAPTIZED YES NO CHURCH _____ DATE_____

FIRST COMMUNION YES NO CHURCH_____ _ DATE _____

FIRST RECONCILIATION YES NO CHURCH _____ DATE_____

CHILD_____**Birthdate**__/__/___GRADE_____SCHOOL_____

BAPTIZED YES NO CHURCH _____ DATE_____

FIRST COMMUNION YES NO CHURCH_____ _ DATE _____

FIRST RECONCILIATION YES NO CHURCH _____ DATE_____

CHILD_____**Birthdate**__/__/___GRADE_____SCHOOL_____

BAPTIZED YES NO CHURCH _____ DATE_____

FIRST COMMUNION YES NO CHURCH_____ _ DATE _____

FIRST RECONCILIATION YES NO CHURCH _____ DATE_____

DIOCESAN EVENT WAIVER AND RELEASE
CATHOLIC DIOCESE OF EVANSVILLE (REV. 6/12)

Youth's Name: _____ Age: _____ Grade: _____

Youth's Name: _____ Age: _____ Grade: _____

Youth's Name: _____ Age: _____ Grade: _____

Youth's Name: _____ Age: _____ Grade: _____
Parish/School/Program: All Saints Parish City: Evansville, IN
Event: Family Faith Formation/EDGE Date(s): August 16, 2015 – August 16, 2016

I/We, the parent(s)/guardian(s) of the above named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, All Saints Parish, Fr. John Davidson, Pastor, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in
any way resulting from or arising in connection with the activities and/or transportation to and from the event.

It is understood and agreed that neither the Parish, the Catholic Diocese of Evansville, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury.
In case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS).

Further, I/we acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, and the Diocesan Off-site Transportation Policy, and I/we agree to be bound by the terms and conditions set forth in those documents (copies available via www.evansville-diocese.org/youth/forms). I acknowledge and understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____