



**St. Margaret, St. Patrick, Holy Rosary  
Faith Formation Registration  
2016-17**

**Household Information**

Family Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

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1. **Child's Name:** \_\_\_\_\_ Grade: \_\_\_\_\_  
*(first)* *(last)*

1<sup>st</sup> Communion (1-2)  Release Time (k-5)  Confirmation (6-8)  Life Teen (9-12)  GIFT (Families)

Allergies/Medications or medical concerns: \_\_\_\_\_

Child's E-mail \_\_\_\_\_ Child's Cell Phone \_\_\_\_\_

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2. **Child's Name:** \_\_\_\_\_ Grade: \_\_\_\_\_  
*(first)* *(last)*

1<sup>st</sup> Communion (1-2)  Release Time (k-5)  Confirmation (6-8)  Life Teen (9-12)  GIFT (Families)

Allergies/Medications or medical concerns: \_\_\_\_\_

Child's E-mail \_\_\_\_\_ Child's Cell Phone \_\_\_\_\_

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3. **Child's Name:** \_\_\_\_\_ Grade: \_\_\_\_\_  
*(first)* *(last)*

1<sup>st</sup> Communion (1-2)  Release Time (k-5)  Confirmation (6-8)  Lifeteen (9-12)  GIFT (Families)

Allergies/Medications or medical concerns: \_\_\_\_\_

Child's E-mail \_\_\_\_\_ Child's Cell Phone \_\_\_\_\_

4. **Child's Name:** \_\_\_\_\_ Grade: \_\_\_\_\_  
(first) (last)

1<sup>st</sup> Communion (1-2)  Release Time (k-5)  Confirmation (6-8)  Lifeteen (9-12)  GIFT (Families)

Allergies/Medications or medical concerns: \_\_\_\_\_

Child's E-mail \_\_\_\_\_ Child's Cell Phone \_\_\_\_\_

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The undersigned do hereby release, forever discharge and agree to hold the Diocese of Rapid City, and St. Patrick Catholic Church, church staff and adult advisors harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and/or the participant(s) while attending the above activity. Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage and expense arising from the undersigned's or participant(s)'s participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for the undersigned or participant(s). The undersigned further hereby agree to indemnify and hold the Diocese of Rapid City and the above named parishes, and their respective members, directors, employees, and agents (collectively, the 'indemnities'), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney's fee and expenses sustained by the indemnities as the result of the negligent, willful, or intentional acts of the undersigned and/or participant(s).

Without compensation, I hereby grant permission to the Diocese of Rapid City and the above named parish to use and reproduce photographs/videos taken of me or my child(ren). These photographs/videos may be used for news, editorial, or promotional purposes in publications, electronic reproductions, and/or brochures. I hereby release the photographer/videographer, the journalists, and the publications or media outlets they represent, as well as the Diocese of Rapid City, from all claims and liability relating to said photographs/videos.

If participant(s) is/are under 18 years of age: We (I) are the parent(s) or legal guardian(s) of the participant(s), and hereby grant permission for the above named participant(s) to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant(s) to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, we fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for the participant(s) to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs. We (I) are the parent(s) or legal guardian(s) of the participant(s), and hereby grant permission for the above named participant(s) to stay overnight in a room throughout the duration of the event with a chaperone and other retreatants who are 18 or older. The chaperone is designated by the Diocese of Rapid City and the Parish of St. Patrick. I understand that this chaperone will have undergone a background check prior to assignment as a chaperone. If participant(s) is/are 18 or older: I hereby give my permission to take me and/or the above named participant(s) to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, I fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for me and/or the above named participant(s), to return home due to medical reasons, disciplinary action or otherwise, I assume all responsibility and transportation costs.

Dr's Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Ins. Co. \_\_\_\_\_  
Policy # \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_