



SAINT VINCENT DE PAUL CATHOLIC CHURCH

IGLESIA CATÓLICA DE SAN VICENTE DE PAÚL

8345 Talbert Avenue Huntington Beach, California 92646-1599 (714) 842-3000 Fax (714) 842-6780

OUR PARISH MISSION: *Following Jesus and centered in the Eucharist, we worship God and serve others.*

FAITH FORMATION & DIOCESE OF ORANGE STUDENT PERMISSION & RELEASE FORM

IF ADDING NEW STUDENT TO EXISTING FAMILY IN FAITH FORMATION, ALSO FILL OUT THE BOTTOM PORTION OF THIS FORM.

I here by consent to (print name of student) _____ Age ____ Grade ____ participating in the Faith Formation Program and activities for the 2011-2012 school year.

I, the Parent (guardian) of the above named child, hereby give my permission for his/her participation in the above named activities. I agree to direct my child to cooperate and conform with directions and instructions of parish, school or diocesan personnel responsible for these activities.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporate Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by negligence, active or passive, of any of entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive of the parish, school or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will be first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby waive any right to compensation or any right that I otherwise might have to limit or to control such making or use.

I, hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff. If there are any questions please call at 714-842-3000.

Parent or Guardian Name (Print) _____ Parent or Guardian (Signature) _____ Date _____

Address _____ City, _____ State, _____ Zip _____

Home Telephone _____ Cell Phone No. _____ Physician Telephone _____

Family Physician's Name _____ Insurance Company _____ Policy No. _____

Is there a medical condition, allergy, learning or physical disability we should know about? No ____ Yes ____

If yes please explain and which child the condition pertains to.

Person other than Parent to notify in case of an Emergency:

Name _____ Relationship _____ Telephone _____

NEW STUDENTS ONLY

New Student's First Name _____ Last Name _____ Male Female

School Attending _____

Place of Birth _____ Date of Birth _____

Date of Last Faith Formation class attended _____ What Church _____

Catholic Baptism? Yes No Other _____

•Baptism Date _____ Church of Baptism _____

Church Address: _____

•Date of First Reconciliation: _____ Church of First Reconciliation: _____

Church Address: _____

•Date of First Communion: _____ Church of First Communion: _____

Church Address: _____

Date of Confirmation: _____ Church of Confirmation: _____