



Registration Form

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Home church: _____

Allergies, medical conditions, or special needs: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Crew number or name (for church use only): _____

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As a parent/guardian I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: St. Mary Parish, Charlevoix, Michigan, Vacation Bible School June 20-24, 2022

Address of Minor: _____

City: _____ State: _____ Zip: _____ Phone: _____

Emergency Phone: _____ Date of Birth: _____

Family Physician: _____

Physicians Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

List allergies, medication, contacts, or other pertinent comments:

Allergies _____

Medications: _____

Comments/Other: _____

Health Insurance Data: _____

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice of Privacy rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ / Signed: _____



St. Mary of the Assumption Catholic Church
Liz Gengle
1003 Bridge St.
Charlevoix, MI 49720

PUBLICITY CONSENT

St. Mary Parish and the Diocese of Gaylord, engage in various communications regarding programs and activities of the parish, school, and diocese through correspondence and publicity with families, parishioners, as well as mass media and members of the wider community. This may involve —but is not limited to —photos, video, audio, written materials, bulletin boards, newspapers, radio, television, PowerPoint, Internet, etc..

Please, provide authorization for you child's name, picture, age, parish and school, verbal or written remarks, and parent's names to be utilized for such publicity by completing the form below.

AUTHORIZATION FORM

As parent/guarding of _____, I understand that promotional pictures, audio and/or video recording (individual and group) may be taken during events and activities offered through the St. Mary Parish or the Diocese of Gaylord. I hereby give permission, without remuneration, for my child's name, picture, age, parish and school, city, verbal or written remarks, and parents names, to be used for news, educational and promotional materials (including, but not limited to, print, audio, video, broadcast, displays, web pages, calendars, PowerPoint, bulletins, etc.) for St. Mary Parish as well as the Diocese of Gaylord. I also hereby agree to release and hold harmless the St. Mary Parish, the Diocese of Gaylord, as well as any of their employees or representatives, including volunteers, from any and all claims resulting from the use of the above information regarding my child.

Signature of Parent/ Guardian

Date

Printed Name of Parent/Guardian

(Parents may cancel this authorization at any time by providing written notice to the Parish Office).