

School/Parish: **St Clement of Rome Catholic Church City: Bixby**

School/Parish Year: **2019-2020**

REGISTRATION CONSENT AND WAIVER FORM for RE/YOUTH ACTIVITIES

This Form must be completed and executed for participation in the RE/Youth Activities as a part of registration. If your child will be preparing for Confirmation this year please review the third page for information carefully.

(Please print)

Participant's Name: _____ Birth Date: _____ Age: _____ Girl/Boy: _____ School Grade: _____

Address: _____ City/State: _____ Zip: _____

Home Telephone: (____) _____ Work (____) _____ Cell (____) _____

Participant resides with (check all that applies): Mother Father Guardian(s) _____

Custodial Parent/Legal Guardian's Name: _____

Address: _____ City/State: _____ Zip: _____

Home Telephone: (____) _____ Work (____) _____ Cell (____) _____

Emergency Contact: _____ Relationship: _____

Home Telephone: (____) _____ Work (____) _____ Cell (____) _____

2nd Emergency Contact: _____ Relationship: _____

Home Telephone: (____) _____ Work (____) _____ Cell (____) _____

Received Sacraments: **Baptism** Yes No **Eucharist** Yes No **Confirmation** Yes No

The student will receive a sacrament this year: Yes No If yes, which Sacraments: _____

Will the student be taking their second consecutive year of RE in order to receive said sacrament? Yes No

PARTICIPATION PERMISSION: I, the undersigned, am custodial parent/legal guardian of Participant and request that he/she be allowed participate in the RE/Youth programs, events and activities to be held at St. Clement parish during the 2019-2020 school/parish year (the "RE/Youth Activities"). I understand that the RE/Youth Activities consist of weekly sessions and related activities which may be held from time-to-time.

LOST OR STOLEN ITEMS: I hereby understand and agree that neither the Diocese of Tulsa or St. Clement nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my or my child's personal property lost or stolen during participation in the RE/Youth Activities.

MEDICAL INFORMATION: Is Participant taking any medications **OR** have any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.) yes no **If yes**, explain (attach additional sheets as necessary): _____

Does your child have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.) yes no **If yes**, explain (attach additional sheets as necessary): _____

Does your child have any allergies or adverse reactions to medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.) yes no **If yes**, explain (attach additional sheets as needed): _____

Does your child have any disabilities or physical or developmental limitations? yes no **If yes**, explain (attach additional sheets as necessary): _____

Participant's Primary Physician: _____ Telephone: (____) _____

Health Plan Carrier: _____ Group#: _____ Policy#: _____

Name of primary insured: _____ Date of last tetanus immunization: _____

_____ (Parent Initial)

As a rule, medication will not be administered by RE/Youth Program staff. The exception is an RE/Youth program or activity that includes an extended day or overnight activity. If medication is required a separate Consent and Waiver Medication Form must be completed prior to the activity.

CONSENT TO TREATMENT OF PARTICIPANT: I am the custodial parent or legal guardian of Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the RE/Youth Activities and I assume all responsibility for the health and physical condition and ability of Participant to so participate. In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. **I accept full responsibility for any medical or hospital bills associated with the care of Participant.**

_____(Parent Initial)

LIABILITY WAIVER: In consideration of the arrangement set forth herein, I do on behalf of myself, Participant and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE, St. Clement**, the Bishop of the Diocese of Tulsa, and the Diocese of Tulsa and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or Participant may suffer due to illness or injury suffered by Participant as a result of, or in connection with, participation in the RE/Youth Activities, including the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, housing, meals and collateral entertainment to the fullest extent permitted by law

_____(Parent Initial)

USE OF IMAGE WAIVER: I hereby grant the parish and/or the Diocese of Tulsa permission to use my child's image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively "promotional materials") without payment or any other consideration. I understand and agree that these promotional materials will become the property of the parish and/or the Diocese of Tulsa and will not be returned. I hereby irrevocably authorize the parish and/or the Diocese of Tulsa to edit, alter, copy, exhibit, publish or distribute my child's image or likeness for purposes of publicizing or promoting the parish and/or Diocese of Tulsa's programs, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my own/my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the promotional materials. I also understand that, should I refuse to initial here, this will not preclude my child from participation.

_____(Parent Initial)

COMMUNICATION/SOCIAL MEDIA CONSENT: I understand that social media (Facebook, Twitter, Google+, etc.) and/or cellular communication (cell phone, texting, Fast Follow) can be a great way to inform my child of events, youth functions, catechetical opportunities, and service projects—if my child has access to any of these media. I acknowledge that these media may be used to inform my child of upcoming events. I hereby grant the parish and/or the Diocese of Tulsa permission to communicate with the participant through social media. I acknowledge that the primary purpose of such communication shall be for providing information related to ministries or events and not for socialization, counseling, or other personal interaction. I also understand that, should I refuse to initial here, this will not preclude my child from participation.

_____(Parent Initial)

CONDUCT POLICY: I hereby acknowledge the participant is to maintain conduct in a manner consistent with the policies of the parish and/or the Diocese of Tulsa. I understand that failure to do so may result in my child being required to leave the RE/youth activity and/or to discontinue participation in future youth programs and activities at the discretion of the parish, school, and/or the Diocese of Tulsa. Understanding this, my child and I commit to the following **(Parent/Participant 12 years of age and older initial each):**

_____/____ My child will not possess, obtain, use, or abuse alcohol, tobacco, or any other illegal substances. I understand that failure to abide by this rule will result in my child's immediate dismissal from the RE/youth activity. I also understand that my child may be required to discontinue participation in future RE/youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

_____/____ My child will not possess, obtain, or use a weapon of any kind, *including pocket knives*. I understand that failure to abide by this rule will result in my child's immediate dismissal from the RE/youth activity. I also understand that my child may be required to discontinue participation in future RE/youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

_____/____ My child will maintain decorum and discipline. I understand that, should a discipline problem arise and my child is involved, my child will be immediately dismissed from the activity. I also understand that my child may be required to discontinue participation in future RE/youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this ANNUAL REGISTRATION/CONSENT RE/YOUTH ACTIVITIES consisting of two (2) pages.

SIGNATURE:

Participant's Signature (12 years and up): _____ Date _____

Custodial Parent/Guardian Name (please print): _____

Custodial Parent/Guardian Signature: _____ Date _____

**St. Clement of Rome Religious Education
VIRTUS Touching Safety program “opt-out” / opt-in:**

St. Clement of Rome Religious Education will present a sexual abuse prevention program, the Touching Safety program, to our students ONE OF THE LESSONS DURING THIS SCHOOL YEAR. The creators of the Protecting God’s Children™ program developed the Touching Safety program. This program is provided to us by the Diocese of Tulsa and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse. The scheduled lesson is being offered to all students at St. Clement of Rome Religious Education. As a parent, you have the right to choose whether your student participates. When you determine if you DO WANT or DO NOT WANT your child to participate, please complete the opt-out/opt-in form at the bottom of this page. For more information on the Touching Safety program, visit the VIRTUS Online™ website at www.virtus.org. Please, if you have questions contact the parish office (918)3663166.

Student Name: _____

_____ **YES**, my child can participate in the lesson

_____ **NO**, I do not want my child present for this lesson

Parent/Guardian Signature: _____

Fee:

The books and materials used for the education of your child come with a cost for the Parish. In order to cover these expenses, we ask for a subscription fee of \$25 per child or \$45 per family.

Confirmation:

An additional Confirmation Fee to cover expenses of \$25 per child is requested.

Scholarships:

Scholarships are available for those families that need help. Please contact Priest, Director or Religious Education or Youth Group Director to request this help from the parish. We welcome donations to those families who could sponsor a family in need of a scholarship.

WE NEED YOU! Please consider volunteering your time in religious education as:

(RE fee is waived for RE volunteers not including the confirmation fee)

_____ Catechist _____ Classroom Assistant _____ Student Assistant _____ Substitute

Special Requests (time, day, grade, etc.): _____

Contact Information: _____

Office Use Only:

Date received:_____ Check/Cash _____ Amount Due \$_____ Amount Paid \$_____ Balance Due: _____

Scholarship Approved_____ (initials) Scholarship:_____ Volunteer Exemption:_____