

Parish Name:

<b>Annual Enrollment Form for Faith Formation and Ministry Programs (for minors)</b>		
Insert program specific questions here. A cover page may be added to describe the program and date information.		
<b>Participant Information</b>		*denotes required information
Participant Name*:		
Date of Birth* ____/____/____	Gender*: Male or Female	
Grade*:	Participant Cell^:	
Participant Email^:		
<b>Sacramental Information: Check all the Sacraments of Initiation Received</b> (list denomination if other than Catholic)		
____ Baptism	Year:	Parish & City:
____ First Communion	Year:	Parish & City:
____ Confirmation	Year:	Parish & City:
<b>Medical, Medication, &amp; Allergy Information</b> (Optional: Attach a copy of insurance card)		
<b>Dietary Restrictions, Food Allergies, Medical Conditions, &amp; Medication Allergies Notes:</b> (List relevant dietary restrictions, food allergies, medical conditions, medication allergies, physical restrictions, recent surgeries, learning challenges, behavioral conditions, or social concerns (depression, anxiety, etc) the ministry program organizer and any assigned volunteer leaders should be aware of.)		
List Any Current Prescription Medications: (See Medication Notes)		
<b>Over-the-Counter (OTC) Medication Restrictions - List OTC's meds your child MAY NOT receive:</b> I GRANT permission for these Over-the-Counter (OTC) medication to be given to my child: Non-aspirin/pain reliever, Throat Lozenge, Decongestant, Antacid, Antihistamine, and Diarrheal, EXCEPT the restrictions I list here: (Write NO OTC Meds to be given, if you do not want any OTC meds provided):		
<b>Household Information</b>		
Primary Household Phone*:		
Home Address*:		
City*:	State*:	Zip*:
<b>Parent/Guardian/Additional Emergency Contact Information</b> (See Contact Note)		
Parent/Guardian 1 Name*:		
P/G 1 Cell:	P/G 1 Email:	
Parent/Guardian 2 Name:		
P/G 2 Cell:	P/G 2 Email:	
Additional Emergency Contact Name:		
EC Phone:	EC's relationship to Participant:	
<b>Parental/Guardian Signature/ Consent:</b> <i>I have read the consent to participate &amp; liability release, consent to treat, and media release and I understand and voluntarily agree to their provisions. I have parental/civil authority to arrange faith formation. (See all releases and acknowledgements on page 2)</i>		
Parent/Guardian Name*: [PRINT] _____		
X [SIGNATURE] _____	Date: ____/____/____	

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**^CONTACT NOTE:** The contact information listed on this registration may be used for communication with parent/guardians and/or participants regarding this event. Parents will be copied on any communications directly to minors.

**MEDICATIONS NOTE:** If any prescription or non-prescription medications are required to be taking during the times of this ministry program, all minor participants are to turn these medication(s) in to a supervising adult designated to keep medication(s). The participants will bring their own prescription medications needed to be taken during this event and such medications will be clearly labeled. It is the participant's responsibility to present himself/herself at a location designated to receive medication(s) at the frequencies/times described when turning in the medications. It is to be understood that the adult to whom the participant surrenders the medication to has no medical training and this adult will not measure dosages. The participant will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up any remaining medication(s). If the minor child takes medication but is unable to self-medicate, the child's parent/guardian/conservator will provide and dispense any and all needed medications. **NOTE:** Note: All Medical Information will be maintained in a strictly confidential manner. Should your child have an Emergency Injection Device (Epi-Pen), Diabetic Condition, Asthmatics with a rescue inhaler, or other special medical conditions, a separate sheet will need to be attached with a clear description as to the nature of the medical condition and any medication. This is important for situations where the participant is not able to self-administer these treatments and to communicate with Emergency Response Personnel. **Ministry leaders, volunteers, and other parish personnel are NOT trained to administer these types of emergency medications.**

**CONSENT TO PARTICIPATE AND LIABILITY RELEASE:** In consideration for allowing Youth to participate in youth activities and functions, in-person and/or via virtual meeting, I/we, the parent(s)/guardian(s)/conservator(s) of Youth, grant permission for Youth to travel to and participate in youth events and activities. I/we assume all risks and hazards incidental to Youth's participation in the Event, including transportation to and from the Event. In consideration for allowing Youth to participate in the event listed above, and on behalf of myself/ourselves and Youth's parents, legal guardians, siblings, heirs, assigns, and personal representatives, I/we hereby release and agree to fully and unconditionally protect, indemnify, and defend the Parish, the Roman Catholic Diocese of Dallas, and their respective officers, agents, and employees, (collectively, "Indemnitees") and hold each Indemnitee harmless from and against any and all costs, expenses, attorney's fees, claims damages, demands, suits, judgments, losses, or liability for injuries to property, injuries to persons (including Youth) and from any other costs, expenses, attorney fees, claims, suits judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to Youth's participation in youth events and activities, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, attorneys' fees, and expenses incurred by the prevailing party.

**AUTHORIZATION OF CONSENT TO TREAT MINOR:** I / We, the parent(s)/guardian(s)/conservator(s) of the minor(s) being registered do hereby authorize the parish(es) &/or diocese leading the Event described for this registration, its ministry leaders, event organizers, employees, contractors and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective throughout the specific event dates listed above. In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I hereby release, defend and hold harmless the Parish(es)/School(s) hosting this event, and the Roman Catholic Diocese of Dallas (Diocese), their officers, directors, agents, employees, volunteers, ministry leaders, event organizers, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

**MEDIA RELEASE:** On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of minors during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. For good and valuable consideration, I hereby grant to the parish(es) &/or diocese leading the registering Event the irrevocable and unrestricted right to make, use and/or publish any and all photographs, videos, and other images of me/my minor child(ren) listed on this registration form, or images in which me/my minor child may be included, now existing or hereafter made, in any case, with or without identifying subject for editorial, advertising, news, or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release and agree to fully and unconditionally protect, indemnify, and defend any parish(es) described on this registration form), the Roman Catholic Diocese of Dallas, and their respective officers, agents, and employees, (collectively, "Indemnitees") and hold each Indemnitee harmless from and against any and all costs, expenses, attorney's fees, claims damages, demands, suits, judgments, losses, or liability for injuries to property, injuries to persons (including the participating minor) and from any other costs, expenses, attorney fees, claims, suits judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to the use or publication of any photographs, videos, or other images of my child, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE, OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES.

**MODIFICATIONS OR OPTING OUT:** To discuss modification of any of these consents please contact the ministry/event coordinator.

**CIVIL AUTHORITY ACKNOWLEDGEMENT:** I confirm I am a legal parent/guardian/conservator and have the civil authority to arrange sacramental preparation and spiritual formation for the minor(s) named on this form.