Date:		

San Jose Middle School Youth Registration 2018 - 2019

Name		
Address		
City/State		
Home Phone	Cell Phone	
E-mail address		
GradeSchool		
Birth Date	-	
T-Shirt Size (circle one): S	M L XL Other	
Special Talent		
Parent's Names & Cell (and/or Step-Parents)		



Diocese of Saint Augustine

Catholic Center 11625 Old St. Augustine Road Jacksonville, Florida 32258 (904) 262-3200

2018-2019 San Jose Youth Child Photography Release Form

Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Child's Name (Printed):	
Parent or Guardian Signature:	
Address:	
City:	State: Zip:
Telephone:	Cell:
Email:	
Date:	

Diocese of St. Augustine Parent Permission and Release of Liability San Jose Parish middle school youth night student waiver

Name of Child:			
Name of Parent or L	egal Guardian:		
Name of Parish:	San Jose Catholic Church		
Name of Event:	Middle school youth nights		
Destination:	San Jose Catholic Church		
Date and Time of De	eparture: <u>starting Friday, September 14</u>	, 2018, on certain Fridays from 6:30pm – 8:00pm	
Date and Anticipated	d Time of Return: <u>ending May 17, 2019</u>		
grounds. This activit If you would like you as well as a full relea activity.	y will take place under the guidance and autropy will take place under the guidance and autropy will take place under the guidance and autropy will take place under the guidance and several place.	sored event requiring transportation to a location supervision of employees/volunteers from the above read, complete, sign and return this form which in, you remain fully responsible for any acts of the	ove parish. includes your consent,
Physician's Name: _	Telephon	e Number:	
******	***********	**********	
described and further is understood that the	er consents to the conditions stated above	eby consents to the participation of the above-not e on participating in this event, including the meth arish grounds and that the child will be under the s s.	od of transportation. It
parent, guardian or next of kin, does her Diocese of St. Augus agents of said partie of any injury to the pengaged in the abov waiver and indemnit any portion of this A	legal representative, on behalf of the child reby release and hold harmless the Diocestine, a corporation sole, Bishop Felipe J. Its engaged in this particular event, their processon or the personal property, of the che-stated event or in transportation to and a greement is intended to be as broad a greement is held invalid, it is agreed that trent, guardian, legal representative further	ate in this event, and other valuable consideration d and the child's parents, personal representatives se of St. Augustine, Bishop Felipe J. Estévez, S.T.I. Estévez, S.T.D., individually, the above-noted paripersonal representatives or assigns, from any loss hild, or death, caused by negligence or otherwise, d from said event. The undersigned expressly agreed in the control of the state of the balance shall, notwithstanding, continue in further acknowledges that he/she is authorized to entered the control of the state	s, assigns, heirs, and D, as Bishop of the ish, and employees and or damage on account while the child is ees that this release, of Florida, and that if all legal force and effect
·	and the child's parents, personal represen	tatives, assigns, heirs, and next of kin.	
(Parent / G	uardian / Representative Signature)	(Date)	
Home Phone:	Work Phone:	Cell Phone:	

HR 6/2011

Diocese of St. Augustine Parent Permission and Release of Liability San Jose Parish middle school youth night student waiver

Child's Name:	Date of Birth:
Parent / Guardian Name:	
Home Address:	
MEDICAL MATTERS: I hereby warrant that to the best responsibility for the health of my child.	of my knowledge, my child is in good health, and I assume all
(Of the following statements pertaining to medical ma	itters, sign only in accordance with your wishes.)
	n emergency, I hereby give permission to Diocese of St. s to seek medical treatment for my child above named.
	, I hereby give permission to the physician selected by the secure proper treatment for, and to order injection and / or .
In the event of an emergency, if you are unable to read	ch me at the above number, contact:
Name and Relationship:	Phone:
Family Doctor:	
Family Health Plan Carrier:	
I make the following exception:	
My Child's Medications / Dosages:	
Medication: Dosaş	ge: Doctor:
Medical Problem or Condition (allergies, diabetes):	
Condition:	Symptoms:
Physical Disabilities:	
Signature of Parent / Guardian	Date
volunteers or representatives that my child becomes il	o the attention of the Diocese of St. Augustine's employees, Il with symptoms such as headache, vomiting, sore throat, fever, nter medication to be administered to my child according to
Signature of Parent / Guardian	