

# St. Malachy 2011-2012 Youth Faith Formation Registration

**Custodial † Parent(s):** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

† If needed, please provide Custodial Agreement.

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Student Nickname:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

Sacrament	Status (Y/N)	Date	Sacrament	Status (Y/N)	Date
Baptism			Reconciliation		
1st Communion			Confirmation		

**Student's Doctor's Name:** \_\_\_\_\_ **Dr.'s Phone Number:** \_\_\_\_\_  
**Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

List any student allergies, diseases, or disabilities: \_\_\_\_\_

Does your child have any learning or behavioral challenges that we should be aware of: Yes \_\_\_\_\_\* No \_\_\_\_\_  
 If yes, please describe. \_\_\_\_\_

Identify any activities in which your child should NOT participate: \_\_\_\_\_

List medications\*\* and dietary or health issues: \_\_\_\_\_

\*If you would like to provide more detailed information, please use backside of this form.  
 \*\*Adult leaders **DO NOT** stock any medication. If prescription and/or non-prescription medications (i.e. Tylenol, Halls, Advil, etc.) are needed or might be needed, please send them with your child. Place these medications (in their original container) and written physician's instructions on paper in a plastic storage bag with your child's name on it.

**Emergency Contact Information:** *(Please list in order of priority including Parent/Guardian information.)*

Contact Name	Contact Number(s)/Type*	Relationship

\*Type - Home (H), Work (W), Cell (C), Pager (P)

## General Release

I give permission for my child to take part in the *St. Malachy sponsored activities and programs for 2010-2011.*

In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental in such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of Indianapolis/St. Malachy Parish its agents, employees and officers, the chaperones, leaders, organizers, sponsors, and persons transporting our child to and/or from these activities. Neither the Archdiocese of Indianapolis/St. Malachy Parish nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of the activity.

We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of the significance.

**In the event of an emergency and I cannot be contacted, I hereby authorize emergency treatment to be administered.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give my permission to St. Malachy to use my child's picture in church media. Yes  No  Parent Initial \_\_\_\_\_

Would you like to volunteer as a catechist or aid (*program fees waived*)? Yes, Grades 1-6  Yes, Grades 7-12