

School/Parish St Andrew Catholic ChurchSchool/Parish Year: 2023 through 2024**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.

(Please print)

Participant's Name: _____ Birthdate: _____ Age: _____ Girl/Boy: _____

Address: _____ City/State _____ Zip _____ Home Telephone: _____

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

Custodial Parent/Legal Guardian's Name: _____

Home Address _____ City/State : _____ Zip: _____

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

Emergency Contact: _____ Relationship: _____

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

Second Contact: _____ Relationship: _____

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

PARTICIPATION PERMISSION: I, the undersigned, am custodial parent/legal guardian of Participant and request that he/she be allowed to participate in the RE/Youth programs, events and activities to be held at

St. Andrew the Apostle, Moore, OK parish during the 2023/2024 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 Archdiocese of Oklahoma City or St. Andrew the Apostle, Moore, OK (Parish/School Name) 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):

Date of last tetanus immunization: _____

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

Health Plan Carrier: _____

Group# : _____ Policy#: _____

Name of primary insured: _____

(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 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.**

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. Andrew the Apostle, Moore, OK** (Parish/School Name), the Archbishop of the Archdiocese of Oklahoma City, and the Archdiocese of Oklahoma City 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.

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 REGISTRATION CONSENT AND WAIVER FORM FOR RE/YOUTH ACTIVITIES consisting of two (2) pages.

SIGNATURE:

Custodial Parent/Guardian Name (please print): _____

Custodial Parent/Guardian Signature: _____

Date _____

**ALL PARTICIPANTS FOURTEEN YEARS OF AGE AND OLDER
MUST READ AND SIGN THE STATEMENT BELOW**

I acknowledge that I agree to conduct myself in a manner consistent with the policies of the **St. Andrew the Apostle, Moore, OK** (Parish/School Name) and that failure to do so may result in my being required to leave the RE/Youth Activity, and not being allowed to participate in future programs and activities, at the discretion of the Parish/School.

SIGNATURE

Participant's Signature _____

Date _____

Sacramental Information:

Baptism: Date: _____ Parish Name/Location: _____

First Penance: Date: _____

First Communion: Date: _____

Confirmation: Date: _____

Are there custody or any other reasons this child will not attend classes weekly? If so, please explain:

Participant School Name _____ Participant Grade _____

PICK-UP PROCEDURE – To make your child's participation in Discipleship Faith Formation as safe as possible, we are asking that you indicate below where and who will pick up your child at dismissal. *Write your child's name in the column that says where you will pick them up after RE classes.*

I will pick up my child at the classroom.	I will send an older sibling to pick up my Child at the classroom.	I will meet my child at the Joyce Center, the Commons, or the Church.

Program Funding:

Our formation programs are funded by your donations. **We ask that each family pay a once a year \$50 fee per student.** Monthly envelopes are provided. Scholarships are available; ask Amber for details.

_____ We will support the program through our weekly/monthly tithe.
Please designate your tithe to "RE Program" so it is accounted for correctly.

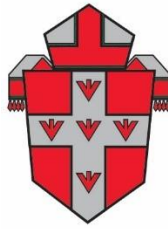
_____ We will use the special envelopes.

SIGNATURE:

Child's name:

Custodial Parent/Guardian Signature: _____ Date: _____

EMAIL ADDRESS

*Go Make Disciples***COMMUNICATIONS**

ARCHDIOCESE OF OKLAHOMA CITY

Media Release

I give the Archdiocese of Oklahoma City permission to obtain and use quotations, photographs, video and audio footage of me and/or my child.

I understand that these quotations, photographs, video and audio footage could be used in publications, print advertisements, direct-mail pieces, electronic media (including social media), or other promotional materials. I release the archdiocese and its designees from liability for any violation of any personal or proprietary rights I may have in connection with using these quotations, images or video.

Name of subject (print) _____

Signature of consent _____

Parent's signature (for children under age 18) _____

Print name _____

E-mail _____

Phone (_____) _____

Date _____

Archdiocese of Oklahoma City

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P.O. Box 32180

OKC, OKC 73123

(405) 721-5651; info@archokc.org

www.archokc.org / www.facebook.com/archokc / Instagram: @archokc / Twitter: archokc

2023-2024 Children's Faith Formation Volunteer Opportunities

Name _____

Phone# _____

Please place a check mark next to any of the following volunteer opportunities you feel called to:

_____ Catechist: A catechist is someone who enjoys sharing their faith and enjoys spending time with children. They present lessons to classes on a weekly basis using an approved study program. Training is provided.

_____ Aide: An aide is required in each classroom by our Safe Environment protocols. The aides are there to assist the catechist's needs or requests.

_____ Program Volunteer: This is someone who would be helping during registration, passing out forms, and helping answer any questions that new registrants have. This is done between the Masses at the beginning and the end of every new Faith Formation year.

_____ Christmas/End of Year Party Volunteer: If you like planning parties for children, this is your role! We have 2 parties a year, one at Christmas on Epiphany Sunday and one on the last day of classes in May.

_____ Safety Parent: This person would be needed to sit in their child's classroom in the event a catechist or their aide is not able to be in class. Every attempt is made at finding a substitute, but sometimes last-minute emergencies prevent this. You would not be asked to teach; you would only be asked to sit in the room to be another adult presence in the room. This is a mandate of the Archdiocese Safe Environment Program.

_____ Donut Helper: Someone willing to pass out donut holes to the students before classes start. We aim to have 5 volunteers, so you would only be committed to Donut Duty once a month.

_____ Vacation Bible School Helper: VBS is a big project that requires many helpers in many different capacities such as: teachers, artists/decorators, snack helpers, and skit participants.

_____ Substitute: Our catechists and aides commit to teaching each Sunday during our Faith Formation year. Sometimes they have family commitments or illnesses that prevent them from being in class. Please consider being a person that can step in and give them peace of mind when such situations affect them.

All these positions would require Safe Environment training as mandated by the Archdiocese for the protection of our children. This training is provided by the church.

_____ I am already Safe Environment trained.

_____ I need Safe Environment Training