

Holy Spirit Catholic Church
2016-2017 KidZone Registration Form
 3755 Fremont Boulevard, Fremont, CA 94536
 Office: (510) 456-4974 Fax: (510) 456-4991
 Email: hscfaithformation@gmail.com Website: www.hscfaithformation.com

First Name: _____ **MI** _____ **Last:** _____
Street Address: _____
City/State/Zip: _____ **Home Phone:** (____) _____ - _____
Email: _____ **Cell #:** (____) _____ - _____ **Gender:** Male / Female
Date of Birth: ____ / ____ / ____ **Birthplace:** (City) _____ (State/Country) _____
School: _____ **City of School:** _____ **Grade:** _____

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: _____
 Student had difficulty with the following (**check all that apply**): Asthma Fainting Spells Convulsions Diabetes Heart Eyes Ears Nose Throat Lungs Digestion Menstrual Problems Other _____
 List any physical restriction or restriction for any activity on the basis of medical condition: _____
 _____ Date of last physical examination: _____

Parents Information

Marital Status (circle): married single divorced separated widow domestic partners

First Name	Last Name	First Name	Last Name
Father/Guardian:		Mother/Guardian:	
Work #:	Cell #:	Work #:	Cell #:
Email:		Email:	
Address (if different from above)		Address (if different from above)	

Emergency Contact Information (Other than parents/guardians)

1 st Person- Name:	2 nd Person- Name:
Relationship:	Relationship:
Home #:	Home #:
Cell/Other #:	Cell/Other #:

Emergency Information

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? (**circle**) Yes No If no, state any reasons why you do not want medical care given to your child in an emergency: _____

Family Physician: _____ **Phone:** (____) _____ - _____
Family Physician Address: _____
Medical Insurance Name: _____
Member ID #: _____ **Group #:** _____ **Plan #:** _____

Parental Permission & Acknowledgement of Conditions for Participation in Program

1. I/we, parent(s) or authorized guardian(s) of _____ (child's name) give permission for his/her participation in **KidZone Program**.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Holy Spirit Staff, adult volunteer leaders, and youth volunteers.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in these event(s), whether or not caused by the negligence of parish Confirmation program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in Confirmation Program events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

Release & Waiver of Liability & Indemnity Agreement

In consideration for being permitted to participate in this KidZone Program event, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefor on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any Confirmation Program whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

Model Release Statement

I hereby (**circle one**) GRANT / DECLINE permission for my child named on this form to be photographed and/or videotaped during Confirmation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church website, etc) for the purpose of promoting the activities of Holy Spirit Catholic Church.

I have read this Agreement and understand everything written above.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date