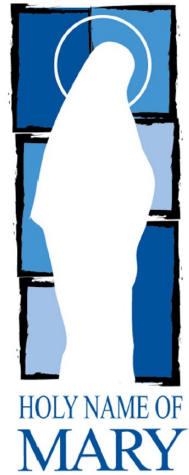


HOLY NAME OF MARY FAITH FORMATION FAMILY REGISTRATION & EMERGENCY FORM



FAMILY INFORMATION

Family Last Name: _____ Home Phone: _____

Street Address: _____

City: _____ Zip: _____

Email Address(es): _____

Child(ren) live(s) with:

Both Parents

Mother Only

Father Only

Split custody

Guardian (note relationship): _____

Mother: _____ Cell Phone: _____ Work Phone: _____

Preferred contact

Father: _____ Cell Phone: _____ Work Phone: _____

Preferred contact

Guardian: _____ Cell Phone: _____ Work Phone: _____

Preferred contact

CHILDREN ENROLLING

1) Child's Last Name: _____ First: _____

Allergies/Medical Conditions: _____

2) Child's Last Name: _____ First: _____

Allergies/Medical Conditions: _____

3) Child's Last Name: _____ First: _____

Allergies/Medical Conditions: _____

4) Child's Last Name: _____ First: _____

Allergies/Medical Conditions: _____

EMERGENCY CONTACTS

In an emergency, children will only be released to parents/guardians named above OR those adults listed below. **List two persons (other than parents/guardians):**

CONTACT #1

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

CONTACT #2

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Continued on Back

VIRTUS PROGRAM PERMISSION FORM

The Holy Name of Mary Faith Formation program will dedicate one class session to presenting an age-appropriate child sexual abuse prevention program called VIRTUS® *Teaching Touching Safety*. The program is a vehicle through which educators give children and young people the tools they need to protect themselves from those who might harm them. For more information on the *Touching Safety* program, visit www.virtus.org. If you have questions about the program or would like to review any of the materials, please feel free to contact Charlie Martinez at (909) 599-1243 x140.

I give permission for my child(ren) to attend the Faith Formation session that will use the materials from VIRTUS® *Teaching Touching Safety* program.

Child(ren)'s Name(s): _____

Parent's Name (printed): _____

Parent's Signature: _____

Date: _____

CONSENT & RELEASE OF LIABILITY

I, the parent/guardian of _____, hereby give my permission for his/her participation in the Holy Name of Mary Faith Formation program.

I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation, Holy Name of Mary Church, and the Congregation of the Sacred Hearts of Jesus and Mary, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my son/daughter may suffer as a result of participation in the Faith Formation program, whether or not such injuries or damages are caused by the active or passive negligence of any of the entities or individuals named or described above.

I grant permission for photographs and/or videos of my child(ren) to be taken during Faith Formation activities and possibly used for publicity or promotion in print (e.g. in the bulletin or church displays), on the church AV system, and/or on the Holy Name of Mary website. I understand that my child(ren)'s name(s) will not be published without my permission.

I hereby give permission to the physician, nurse, or licensed care staff selected by the supervisory personnel then present to render medical or other appropriate treatment deemed necessary and appropriate by the physician, nurse, or licensed care staff. I agree to indemnify and hold Holy Name of Mary Church harmless from the cost of any medical treatment and related expense and cost incurred.

Signature: _____ **Date:** ____ / ____ / ____

THIS SECTION FOR OFFICE USE ONLY

Name of person taking responsibility of Child: _____

Date: _____ Time: _____