



## 2017-2018 Religious Education Registration

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Are you registered members of OLL parish? Yes \_\_\_\_\_ If no, parish name: \_\_\_\_\_

Sacraments to be celebrated this year: Baptism\_\_ Reconciliation\_\_ First Communion\_\_ Confirmation\_\_

Baptism Certificate on file at OLL? Yes \_\_\_\_\_ No \_\_\_\_\_ [If no, please provide within 30 days of registration]

Father's Name \_\_\_\_\_ Religion: \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Religion: \_\_\_\_\_  
Step Parent/Guardian Name: \_\_\_\_\_ Religion: \_\_\_\_\_

**Custodial Information – complete this section only if divorced, separated or a designated guardian.**

OLL must retain a copy of the legal agreement designating person[s] responsible for decisions related to faith of the child. The following person has legal authority for raising this child in the Catholic faith:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

**L.I.F.E. Program** Learning about L.I.F.E [Love, Infatuation, Friendship and Exploitation] will be scheduled during regular class time. L.I.F.E guides parents in talking with their children about relationships at age-appropriate levels with an aim at preventing child abuse. **At least one parent/guardian must attend with their child.** Parents/guardians may opt-out of L.I.F.E program by completing an opt-out form.

**Allergies, medical conditions, physical, academic or any other special assistance or concerns:**

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Office Use Only:**

Registration Fee Paid \_\_\_\_\_ [\$60 one child] [\$100 two children] [\$125 – three or more]  
Check # \_\_\_\_\_ Cash Amount \_\_\_\_\_ Receipt Number: \_\_\_\_\_



## Safe Environment Program

# Parental Opt-Out Form

The Diocese of Orlando has implemented a child abuse awareness, prevention, and safety program in all parishes and Catholic schools as mandated by the United States Conference of Catholic Bishops (USCCB) in compliance with the Charter for the Protection of Children and Young People. Students enrolled in a Catholic School or parish-based catechesis are encouraged to participate in this programming. Our diocese is required, through an audit process, to verify to the USCCB that this training has been provided. We are also required to keep track of the number of students who are absent or whose parents do not allow them to participate in the training.

### For the Parent/Guardian

By signing this form I (We) acknowledge the above and elect **NOT** to have my (Our) child participate in the aforementioned program. Please complete this form and return it to your child's instructor/catechist or the appropriate administrator. A separate form is required for each child. Thank you for your assistance.

Name of Child \_\_\_\_\_

Name of School or Parish \_\_\_\_\_

City of School or Parish \_\_\_\_\_

Child's Grade Level \_\_\_\_\_

**Name of Parent (s) or Guardian (s)** \_\_\_\_\_

**Relationship** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Opting-Out (Optional) \_\_\_\_\_

<b>Signature of Parent/Guardian</b>	
<b>Date</b>	

### OFFICE USE:

<b>Name of Coordinator/Administrator</b>	
<b>Date</b>	



# Parental/Guardian Medical Information & Consent Form

Applicant Information				
Participant's Name:			Date of Birth:	
Address:	City:	State:	Zip:	Phone:
Father's Name:		Phone:		
Mother's Name:		Phone:		
Emergency Contact:		Languages Spoken by Emergency Contact:		

Medical Matters	
<p>I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information &amp; Consent Form if there are any changes to my child's health. <i>(Please initial)</i> _____</p> <p><b>Emergency Medical Treatment:</b> In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. <i>(Please initial)</i> _____</p>	
Family Doctor:	Phone:
<p><b>Medications:</b> I hereby <b>Grant Permission</b> for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless (entity name) _____, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. <i>(Please initial)</i> _____</p> <p>Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:</p>	

Medication:	Dosage:	Administer:
Medication:	Dosage:	Administer:
Medication:	Dosage:	Administer:

<p><b>Medical Conditions Information:</b> (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.) My son/daughter:</p> <ul style="list-style-type: none"> <li>• Is allergic to the following medications _____</li> <li>• Has had an episode of the following or has been diagnosed with: <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetic</li> <li>• Has had allergic reactions to the following (foods, dyes, latex, etc.) _____</li> <li>• Has had a medical surgery within the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No      Still under doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Has a medically prescribed diet <i>(please explain)</i> _____</li> <li>• Has the following physical limitations _____</li> <li>• Immunizations current and up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date of last tetanus/diphtheria immunization _____</li> <li>• You should also be aware of these special medical conditions of my child: _____</li> </ul>	
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Insurance Information	
<input type="checkbox"/> No, I do not carry medical insurance at this time. <input type="checkbox"/> I do carry medical insurance at this time.	Insurance Carrier:
Name of Insured:	Insurance Policy Number:

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.**

Parent/Guardian Signature <i>(must sign for any participant under 18 or 18 or older &amp; in high school)</i>	Date
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# Image Release Form

(Photography and Image Assignment Waiver, and Release)

I \_\_\_\_\_,  
for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to \_\_\_\_\_ and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Diocese. Participants' names would not be identified, however, without specific written consent. I further understand that the Diocese has no control over the use of photographs or film taken by media that may be covering the event in which my child(ren)/ward(s) participate(s).

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
If applicable, name(s) of minor children/wards:  
\_\_\_\_\_  
\_\_\_\_\_