



St. Jerome Parish
Little Saints
Elementary School Ministry

Male: ☐

Female: ☐

Student First and Last Name: _____

Date of Birth: _____ City of Birth: _____

Home Address: _____

Mother's/Guardian Cell Phone: _____

Mother's/Guardian Email: _____

Father's/Guardian Cell Phone: _____

Father's/Guardian Email Address: _____

Mother's/Guardian Full Name: _____

Father's/Guardian Full Name: _____

Emergency Contact: _____ Phone Number: _____

T-Shirt Size: _____

School: _____ Grade: _____

After school activities: _____

Health Conditions/allergies: _____

I wish to receive email and/or text message updates/reminders from St Jerome Parish and the Edge Program using the program Flocknote.com .

☐ Text only

☐ Email only

☐ Both Text and Email

Signature: _____

Office use only:

Name of Cashier: _____

☐ Cash ☐ Check ☐ CC (\$25.00 Registration Fee)

We have a new policy regarding payments, a 3% convenience fee will be added to all credit card transactions, and a \$25 returned check fee will be charged for all returned checks.

Customer signature: _____

****By signing you agree to these terms as stated above**

SAINT JEROME PARISH YOUTH MINISTRY

MINOR PERMISSION & WAIVER FORM

Event/Program: Little Saints Elementary School Ministry

Location: **Parish Hall/ St Jerome Property**

Date(s): September 2020- May 2021

Drop-off/Pick-up: **Parish Hall**

Important/Necessary info

Participant's Name _____ Date of Birth _____

Parent/Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Other Emergency Contact _____

Relationship _____ Phone _____

Family Physician _____ Phone _____

Insurance _____ Policy Number _____

Allergies/ Medical Issues / Special Needs _____

I, the parent (guardian) of the above named child, hereby give my permission for his/her participation in the youth activities named above. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or archdiocesan personnel responsible for youth activities.

As a condition of my child being allowed to do so, through this document, I hereby release and discharge the Archdiocese of Los Angeles, its constituent organizations including but not limited to The Roman Catholic Archbishop of Los Angeles, a Corporation Sole, St. Jerome Parish Community, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, (active or passive), of any of the entities, or individuals named or described above.

I give permission to the youth activities supervisory personnel then present to seek medical treatment should it be necessary form my son/daughter and to authorize any and all appropriate tests and treatment deemed necessary by the attending physician in the case of medical emergency. This authority is granted only after a reasonable effort has been made to reach me. I, hereby, authorize the making of photographs, videotapes, recordings, or other memorializing of said event. I, hereby, waive any right to compensation.

Parent Signature _____ Date _____

This section to be completed by Archdiocese/School/Parish

Archdiocese/School/Parish: St Jerome Catholic Church

Class/Activity: Little Saints Elementary School Ministry

The Archdiocese/School/Parish intends to use your child's image, name, voice and/or work for the following non-commercial purposes (describe class/activity, date(s) if applicable): In the Bulletin or on the Website

The following person(s)/entity not connected to the Archdiocese/School/Parish will be involved in the class/activity: N/A

This section to be completed by Parent/Legal Guardian:

I, _____, am the parent or legal guardian of _____ (child's name), a minor (age: _____). I hereby authorize the Archdiocese/School/Parish to use the following personal information about my child:

Please initial the applicable boxes

Image/visual likeness:	<input type="checkbox"/> yes	<input type="checkbox"/> no	Voice:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Name:	<input type="checkbox"/> yes	<input type="checkbox"/> no	Work:	<input type="checkbox"/> yes	<input type="checkbox"/> no

I understand and agree that my child's image, name, voice and/or work (the "Personal Information") will be used for the particular reasons identified above. I further understand and agree that the Archdiocese/School/Parish may use the Personal Information for other non-commercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that the Personal Information, photographs or electronic recordings of my child may be copied, edited and distributed by the Archdiocese/School/Parish in publications, catalogues, brochures, books, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed (the "Materials").

The Archdiocese/School/Parish may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Archdiocese/School/Parish will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. While the Archdiocese/School/Parish will take care to maintain the particular intents and purposes of the photographs or electronic recordings, editing may be necessary to obtain the best results. I release and discharge the Archdiocese/School/Parish and its employees and agents from any liability that may arise out of the making or editing of the photographs or electronic recordings, including but not limited to, distortion, blurring, alteration, optical or auditory illusion or use in composite form.

In exchange for the Archdiocese/School/Parish's giving my child an opportunity to participate in the class/activity, I hereby agree that neither I, nor my child, will receive monetary compensation, royalties or credit for use of the photographs or electronic recordings by the Archdiocese/School/Parish. I understand and agree that the Archdiocese/School/Parish shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Archdiocese/School/Parish intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.

I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Archdiocese/School/Parish and its employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Archdiocese/School/Parish. However, my new authorization will not have the effect of revoking this Authorization, and the Archdiocese/School/Parish will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: _____ Date: _____

Print Name: _____ Relationship to Child: _____

Address: _____ Telephone: _____