

**THE ARCHDIOCESE OF SAN FRANCISCO**  
**PARENTAL PERMISSION & REGISTRATION FORM**

**JUNIOR HIGH INTEREST MINISTRIES Feb-May 2008**

Please check all that apply and attach a check for applicable fees by Thursday, Feb 7. Space is limited for these small group ministries. You must register and pay fee to attend. First paid, first served. If money is a problem, please contact Kevin about scholarships. Fees include a t-shirt especially designed for each ministry.

\_\_\_ **Finding God In Nature.** Hiking Ministry. Group will travel via parent drivers to various hiking locations. Monday afternoons at 3:30pm (Feb 11, Mar 10 & 31) Monday evening, April 14 @ 6pm. Ending times will vary depending on location. Fee \$40.

\_\_\_ **Play Hard. Pray Harder.** Video Game Ministry. Meet at St. Pius Rock House. Tuesdays at 6pm (Dinner Included) Feb 12, 26, Mar 11, Apr 1, 15, 29, and a special event TBA. Fee: \$50.

\_\_\_ **Please contact me re: driving or chaperoning.** Name \_\_\_\_\_ Phone \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ PARISH: \_\_\_\_\_

ADDRESS (Street, City, Zip) \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS (Street, City, Zip) \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_

PERSON(S) (OTHER THAN PARENT/GUARDIAN) TO NOTIFY IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

I, the parent/guardian of the above-named child, hereby give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform with the directions and instructions of the parish, school, or Archdiocesan personnel responsible for the activity.

I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above-named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the St. Pius Parish or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by the St. Pius Parish and affiliate organizations.

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*While being sensitive to single-parent situations and possible embarrassment to the children, signature of both parents should be obtained when possible.*

**Both Sides of This Form Must Be Completed & Signed**

THE ARCHDIOCESE OF SAN FRANCISCO

WAIVER AND RELEASE FORM RELATING TO MINORS

In consideration of the acceptance of my child's application for participation in the event described herein, I hereby grant permission for my child to participate in the event and, to the extent permitted by law, waive, release, and discharge any and all claims for damages for death, personal injury, loss, or property damage which I may have or which may hereafter accrue to me or my child, as a result of my child's participation in the event or activity described herein, including but not limited to transportation to and from the event or activity, whether or not caused by the negligence (active or passive) of the Archdiocese. This Waiver and Release is intended to release and discharge in advance the promoters, sponsors, officials, leaders and THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO, A CORPORATION SOLE, and St. Pius Parish and their officers, agents, and employees (The Archdiocese) from any and all liability, except for that attributable to willful misconduct, arising out of or connected in any way with my child's participation in

**St. Pius Junior High Interest Ministries (See other side of form for details)**

- It is further understood and agreed that this Agreement, Waiver, and Release is to be binding on my heirs and assigns.
- Also, I hereby attest and verify that my child is physically fit and capable of participation in this event, and further, my child's physical condition for safe participation in this above-described event or activity has been verified by a licensed medical doctor during the last year, and that my child is under the age of 18.
- I agree to inform my child to abide by the rules established by the promoters, sponsors, officials, or leaders of the event or activity, and to obey the directions given by any of them.
- Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by the St. Pius Parish and affiliate organizations.
- Further, I hereby attest that my child's participation in this event or these activities will be conducted on his/her own time and not on his/her employer's time, that this is for his/her own personal benefit, and any injury sustained will not be considered by myself or my heirs or assigns as a work-incurred injury.
- This Waiver and Release form is signed in order to participate in this event or activity for my child's own personal enjoyment and benefit, and is done so freely with full knowledge of the risks and dangers incident thereto.

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\_\_\_\_\_  
 (Signature of Father/Guardian) Date \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Mother/Guardian) Date \_\_\_\_\_

I have read and/or discussed with my parents this Waiver and Release form concerning participation in the event. I understand it and agree that the Waiver and Release shall apply to me also.

Date \_\_\_\_\_ \_\_\_\_\_  
 (Print Student Participant's Name)

\_\_\_\_\_  
 (Signature of Student Participant)

**Both Sides of This Form Must Be Completed & Signed**