

Family Name: _____

Mailing Address: _____

Contact Numbers: Home: _____ Cell His: _____
Cell Hers _____

E-mail Address _____

Please provide, if applicable, and keep us updated of any changes throughout the year.

I am interested in volunteering for one of the following:

_____ Teacher _____ Classroom Aide _____ Building Monitor _____ Substitute

Name: _____

Child(ren) Full Name	Place of Birth	Place of Baptism	Grade	Time

As with any educational program, we are aware that student learning is highly subjective and must be adapted to the individual. In an effort to assist our teachers in meeting the needs of your child(ren)(ren), please indicate below any special needs for which we should make accommodations. This information will NOT be made public and will be shared solely between the teacher and the Religious Education Office.

1. Wears Hearing Aid
2. Speech Impediment
3. Does not like reading aloud
4. ADHD/ADD
5. Development concerns
6. On IEP (List subjects as applicable)
7. Chronic Illness (please explain)
8. Allergies
9. Taking Medications
10. Other

Child(ren) Name	Condition	Explanation if needed, and list medications.

If additional space is needed, please attach separate sheet of paper.

**ARCHDIOCESE OF CINCINNATI
 PERMISSION, RELEASE AND
 AUTHORIZATION TO SEEK MEDICAL TREATMENT** (rev. 09-2017)

1. I, the parent or lawful guardian of the child(ren) listed on the form, give permission for my child to participate in the activity described on the *Activity Information* form (the "Activity") and release from all liability and indemnify the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the Activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.
2. I further understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks.
3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
4. I appoint the Archbishop or his agents who are acting as leaders of the Activity to seek medical treatment of my child in the event of any injury, illness or medical emergency occurs during the activity or related travel. I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
5. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.
6. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian _____ Date ____ / ____ / ____
 Home Address _____ City _____ Zip _____
 Place of Employment _____
 Work Address _____ City _____ Zip _____
 Parent or Guardian Phone No. (w) _____ (h) _____
 Emergency Contact _____ Phone No. (w) _____ (h) _____

ROUTINE ACTIVITY PERMISSION

I (we) the parents of the child(ren)(ren) listed on this registration form request that they be allowed to participate in the routine activities of the Holy Trinity Religious Education Programs. This will cover from September 2018 till May 2019.

The routine activities will include: travel between Coldwater Schools and Church property and Memorial Park or from Church property to Coldwater Schools and Memorial Park. Such activities could include, but are not limited to: Rosary attendance, Stations of the Cross, Sacrament of Reconciliation, Group enrichment programs, Prayer Walks, Tours of the church and Celebrations.

PARENT/GUARDIAN NAME: _____ DATE: _____

FOR OFFICE USE ONLY: CHECK# _____ CASH _____ : DATE RECEIVED _____
