

Parent Medical and Liability Release Statement:

I understand that in the event medical intervention is needed every attempt will be made to contact me or the emergency contacts immediately. In the event I cannot be reached I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize or to secure medical treatment the physician has deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Archdiocese of San Antonio, through its accident policy, will be used as a secondary coverage. I understand all reasonable safety precautions will be taken at all times by Church of the Holy Spirit’s staff and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Church of the Holy Spirit, the Archdiocese of San Antonio, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____

Media Release Statement:

I understand and consent to the use of any videotape, photographs, slides, audio tapes and any other visual or audio reproduction in which my child may appear by Church of the Holy Spirit. I understand that these materials are being used for the promotion of Church of the Holy Spirit that includes the calling forth of volunteers as catechists/Faith Formation helpers, Internet, and fund raising efforts.

() I give permission for my child to be photographed and interviewed and permission to have my child’s name used. If a photograph of a student is used on our webpage, only a student’s first name will appear on the webpage.

() I give permission for my child to be photographed, but do not want my child’s name used.

() I **do not** want my child photographed or interviewed and do not want his or her name used.

Parent/Guardian Signature _____ Date _____

In case of emergency, please notify:

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Name Phone Relationship

Please check the area you would like to share your time/talent as a VOLUNTEER in Faith Formation:

- () Catechist/Co-Catechist () Classroom Aide/Helper () FF Office Help
() FF Session Coordinator/Hall Monitor () Car-line Supervisor () Sacramental Retreats

*****All volunteers will be required to fill out a CBC form and attend child safety training (OVASE). All volunteers will be asked to sign a Ministry Covenant.*****

Other siblings registered in Faith Formation:

Student’s Name: _____ Session: _____ Class: _____
Student’s Name: _____ Session: _____ Class: _____
Student’s Name: _____ Session: _____ Class: _____

Faith Formation Registration Fee

Partial scholarships for fees are available and arrangements can be made for families who need financial assistance. In order to be eligible you must obtain and fill out a scholarship application form from the Faith Formation office. No child will be denied instruction for financial reasons. Please call the Faith Formation office for any questions regarding payment or to speak to the Director of Faith Formation.



“We Grow in Faith Through All We Do!”

Partnering with Parents to Make Disciples