

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 _____

In case of emergency, please notify:

Communication Release Statement:

Name	Phone	Relationship
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I GRANT PERMISSION for Faith Formation staff Church of the Holy Spirit to electronically communicate with my minor in order to inform him/her on any upcoming LIFETEEN activities, meetings, events, and general announcements. Communication will only take place between the hours of 8:00 am - 9:00 pm.

I give permission for my teen to be contacted/informed by email. () Yes () No

I give permission for my teen to be contacted/informed by cell phone. () Yes () No

I give permission for my teen to be contacted/informed by text message. () Yes () No

I give permission to be contacted/informed by cell phone/text message. () Yes () No

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 volunteer recruitment, 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 _____

Parents: Please check at least two or more categories where you can partner with us!

Teaching and Office Ministries

- ___ Life Teen Core (Catechist Aug-May)
- ___ Confirmation Catechist
- ___ Environment (setting up for sessions)
- ___ FF Office help during weekdays
- ___ Phone Calls to Teens, Parents or Volunteers
- ___ Fundraising (ask for more information)
- ___ Writing Cards (Birthday, Get Well, etc.)
- ___ Prayer Partner (Year Round)

Chaperone and Driving Ministries

- ___ XLT - TBA
- ___ Inspiration Tour (Aug. 8th)
- ___ Various Service Projects
- ___ Youth Spectacular - (TBA)

Dinner and Events Ministry

- ___ Life Teen & Edge Dinners! (Aug - May)
- ___ Music concert (TBD)
- ___ Photography or filming
- ___ Help after Sun Masses with sign-ins
- ___ Wherever I am Most Needed

*****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.*****

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 to speak to the Director of Faith Formation

Other siblings registered:

- Students’s Name: _____ Session: _____ Class: _____
- Students’s Name: _____ Session: _____ Class: _____
- Students’s Name: _____ Session: _____ Class: _____
- Students’s Name: _____ Session: _____ Class: _____