



## 2016-17 St. Gabriel the Archangel

Parents will be asked to help as an assistant from  
time to time

Sunday during the 9:00am Mass

Arrive 15 minutes prior to Mass to sign in

<b>General Household Information</b>		<b>Family Name:</b>		NO FEE
<b>Address:</b>		September 18 start date		
<b>City</b>	<b>Zip</b>	<b>Home Phone</b>		
<b>Parent/Guardian Information</b>				
<b>Parent /Guardian 1:</b>				
Email:		P/G1 Cell:		
Please circle all Sacraments received in the Catholic Church:    Baptism    Eucharist    Confirmation    Marriage				
<b>Parent/Guardian 2</b>				
Email:		Cell:		
Please circle all Sacraments received in the Catholic Church:    Baptism    Eucharist    Confirmation    Marriage				
<b>Children's Information</b>				
<b>Child Name:</b>		<b>Gender:</b>	<b>Grade (fall '15)</b>	
School:		DOB:		
Cell:	Ok to text?	Email:		
Please circle sacraments received in the catholic church:    Baptism    Eucharist    Confirmation				
<b>Primary Formation Choice: Children's Liturgy of the Word at the 9:00am Mass dismissal</b>				
Allergies, Challenges, Concerns:		Optional Program: Children's Liturgy of the Word :    Yes    (circle)		
<b>Child Name:</b>		<b>Gender:</b>	<b>Grade (fall '15)</b>	
School:		DOB:		
Cell:	Ok to text?	Email:		
Please circle all sacraments received in the catholic church:    Baptism    Eucharist    Confirmation				
Allergies, Challenges, Concerns:				
<b>Primary formation choice: Children's Liturgy of the Work at the 9:00 am Mass dismissal</b>				

# Please initial each box

## CONSENT TO PARTICIPATE AND LIABILITY RELEASE

I / We, the parent(s)/guardian(s)/conservator(s) listed on this form for the child(ren) listed on this form grant permission for my son(s)/daughter(s) to participate in St Gabriel the Archangel's 2013/2014 Faith Formation, Youth Ministry and Early Childhood Programs. I understand that as parent(s)/guardian(s)/conservator(s), I remain legally responsible for any personal actions taken by my son(s)/daughter(s). We recognize the inherent risk associated with the various activities that my son(s)/daughter(s) will be participating in. I / We agree on behalf of myself, my son(s)/daughter(s) named herein, our heirs, successors, and assigns to indemnify, defend, and hold harmless **St Gabriel Catholic Community – McKinney, TX** and the Roman Catholic Diocese of Dallas, their employees and/or volunteers from any and all claims (unless due to the Sole or Gross NEGLIGENCE of the Parish) for illness, injury, death, and the cost of medical treatment therewith, arising from or in any way connected with my son(s)/daughter(s) participating and/or attending the various Faith Formation, Youth Ministry and Early Childhood programs during the 2013/2014 school year. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

I have read this consent to participate and liability release and I understand and voluntarily agree to its provisions.

## AUTHORIZATION OF CONSENT TO TREAT MINOR

I/We, the parent(s) or guardians of the child(ren) listed on this form, a minor, and as such do hereby authorize **St Gabriel Catholic Community – McKinney, TX**, its ministry leaders, employees, contractors and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective for up to one year from the date of completion of this form, unless sooner revoked in writing delivered to said agent(s). In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I/we hereby release, defend and hold harmless the Parish and Roman Catholic Diocese of Dallas (Diocese), their officers, directors, agents, employees, volunteers, Faith Formation/Youth Ministry/ECP leaders, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

I have read this consent for medical treatment of a minor statement, and I understand and voluntarily agree to its provisions

## MEDIA RELEASE - AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. As the State of Texas does not prevent audio or video recording or the photographing of children/youth (*with the exception of Senate Bill 1, Section 26.009, which deals specifically with school districts*), it does encourage parental consent. Additionally, current video recordings and photographs assist law enforcement agencies dealing with the Missing Children's Program. I / We consent to the use of such materials in which my child may appear. I release the staff and volunteers of **St Gabriel Catholic Community – McKinney, TX** and the Roman Catholic Diocese of Dallas from any liability connected with the use of my child's picture or audio/video recording as part of any of the above or similar activities.

I have read this consent for Media Release, and I understand and voluntarily agree to its provisions.

## Acknowledged Expectations of Code of Conduct for all registered participants

Expectations: Every child, youth and adult will treat each other with respect, and conduct themselves in a manner that positively represents St. Gabriel Catholic Community and the Catholic Church. Any drug, alcohol, tobacco, or illegal substance abuse will not be tolerated and will result in removal from the event and a possible ineligibility to participate in other Faith Formation, Youth Ministry, or ECP events. Adults and youth will abide by all laws (property damage, weapons, stealing, etc.) and will be held responsible for breaking them, and will be held responsible for any damages.

I have read this code of conduct, and I understand and voluntarily agree to its provisions.

<b>For Office Use Only:</b> Date Received _____		Rec'd by _____	
Amount due _____	Amount paid _____	Admin _____	Coordinator _____
Credit Card _____	Cash _____	Check # _____	MS/HS _____
		Shelby Update _____	