



Catholic Archdiocese of Atlanta - St. Peter Chanel Catholic Church

Steubenville of Atlanta 2018 Registration Form

Parental/Guardian Consent Form

Deadline for Registration: June 1, 2018 (Need 15 in order for this event to happen)

No Refunds after May 1, 2018

Name of Participant: _____

Sex _____ Date of Birth _____ Age _____

Parent / Guardian's Name _____

Address: _____

Home phone #: _____ Email Address: _____

Participant T-shirt size: _____ Parent Cell # _____

Hotel Room Request: _____

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that will take place at Gwinnett Center in Duluth, GA. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

- Type of Event: Spiritual
Destination of Event: Infinite Energy Center
Individual in Charge: Ashley Dean
Transportation: Carpool
Cost: Register by May 1, 2018 cost will be \$315
Date/Time of Departure: Friday, July 6, 2018 - Meet at SPC at 2pm.
Lodging: Wingate Hotel - 3450 Venture Pkwy NW - Duluth, GA 30096

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Peter Chanel, its officers, directors, and agents and the ARCHDIOCESE OF ATLANTA, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

- I DO / I DO NOT (circle one) grant permission for publication of group (two or more persons) photo taken at youth events.
I have read and understand the PSR Policy for Communication with Minors (view on website).
I have submitted a Parental Consent Form for Communication with Minors for PSR Staff to contact my teen (view on website).
I have read and understand the Payment & Refund Policy (view on website).
I can drive/chaperone. Best number to contact me: _____

Signature of Parent / Guardian _____ Date _____

All Forms Must be Completed

Faxes or Scanned copies of all forms cannot be accepted

2018-2019 St. Peter Chanel Medical Release Form

I give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events. I understand that any such instance, all attempts will be made to contact the parent/guardian. In the event that I cannot be contacted, I hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

Name of Minor: _____ Date of Birth: _____

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Name of Minor: _____ Date of Birth: _____

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Address: _____

Home Phone #: _____

Participant's Social Security Number: _____ (Required for treatment in most Hospitals.)

Father/Guardian's Full Name: _____
Social Security Number: _____ Cell Phone #: _____
Home Address: _____
Place of business/address: _____
Phone #: _____

Mother/Guardian's Full Name: _____
Social Security Number: _____ Cell Phone #: _____
Home Address: _____
Place of business/address: _____
Phone #: _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:
Name & Relationship: _____
Phone #: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Insurance Carrier: _____

Insurance Policy Number: _____

Insurance is provided by which parent and/or place of employment: _____

Address of Insurance Company: _____

_____ Phone #: _____

Special consideration to be aware of (ie: allergies, medical conditions, etc...): _____

Medication (and dosage) my child is currently taking: _____

Parent please print name: _____

Parent Signature: _____

Date: _____

PARENTAL / GUARDIAN CONSENT FORM
For
PSR Staff Communication with Minors 2018 - 2019

Dear Parents,

We place great importance on effective, timely, and most importantly, safe and secure communication regarding programs and events conducted and supervised by the Parish School Religion (PSR). In order to ensure proper use of electronic communication in relation to our minors, the PSR department requires parental consent to communicate with your minor through phone, email, and social media sites. We ask that you take a moment to review the following policy points, complete, sign, and return this original copy to us. Our entire protocol for communication with minors can be found in the Religious Education section of our website (www.stpeterchanel.org).

St. Peter Chanel PSR Staff Policy summary for communications using the minor's contact information for our regular and/or weekly programs:

- Without written consent from the parent/guardian, no phone, email, or social media communication will be made directly to the minor's contact information.
- When written permission is granted, any communication that is sent to the minor's contact information will also be sent to the parent. This is Archdiocesan policy.
- Without written permission, no PSR staff member will respond to or acknowledge any email from the minor's contact information, except for emergency situations (i.e. fire, weather, intruder).
- The PSR staff will not invite or accept any requests from the minor to be included in their private social networking sites other than the official, public networking sites that are administered by approved staff.
- This permission may be revoked by the parent at any time and is to be renewed yearly. It extends only to the PSR staff and programs and events directly attributed to PSR. It does not extend to PSR volunteers or other ministries who utilize 9th – 12th graders for service.

I/We hereby grant permission for the 2018-2019 year for St. Peter Chanel PSR Staff to contact my child through the following:

- Teen Home Phone _____
- Teen Cell Phone _____
- Teen Email _____
- SPC Catechist Blogs
- SPC Public Facebook pages
- SPC Public Twitter Accounts

Name of Parent/Guardian

Name of Minor

Email of Parent/Guardian

Signature of Parent/Guardian

Date

January 2018