



ST. CHARLES BORROMEEO
CATHOLIC CHURCH

Registration for Youth Faith Formation 2020-2021

New to our programs? YES NO Registered Parishioner at St. Charles? YES NO

Household Last Name: _____

Parent or Guardian Contact information

Parent/Guardian #1: _____ Relationship to the youth _____

Email: _____

Phone: _____ Secondary Phone _____

Address: _____ City/Zip: _____

Parent/Guardian #2: _____ Relationship to the youth _____

Email: _____

Phone: _____ Secondary Phone _____

Address: _____ City/Zip: _____

Please Circle Y for yes or N for no

Student 1: _____ Sacraments Received: Y / N Baptism (at St. Charles Y / N)

Birth Date: _____ Grade: _____ Gender: M / F Y / N First Reconciliation

Current School : _____ Y / N First Eucharist

T-Shirt Size: Youth XS S M L XL Adult XS S M L XL Y / N Confirmation

Student 2: _____ Sacraments Received: Y / N Baptism (at St. Charles Y / N)

Birth Date: _____ Grade: _____ Gender: M / F Y / N First Reconciliation

Current School : _____ Y / N First Eucharist

T-Shirt Size: Youth XS S M L XL Adult XS S M L XL Y / N Confirmation

Student 3: _____ Sacraments Received: Y / N Baptism (at St. Charles Y / N)

Birth Date: _____ Grade: _____ Gender: M / F Y / N First Reconciliation

Current School : _____ Y / N First Eucharist

T-Shirt Size: Youth XS S M L XL Adult XS S M L XL Y / N Confirmation

Student 4: _____ Sacraments Received: Y / N Baptism (at St. Charles Y / N)

Birth Date: _____ Grade: _____ Gender: M / F Y / N First Reconciliation

Current School : _____ Y / N First Eucharist

T-Shirt Size: Youth XS S M L XL Adult XS S M L XL Y / N Confirmation

Health Information

ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an Emergency and you are unable to reach me, Please contact _____

Relationship _____ Phone(s) _____

Family Doctor _____ Phone _____

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows: _____

I hereby **Do Not** Grant Permission for medication of any type, whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

I hereby Grant Permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter.

Today's Date _____

Does your child have any learning disabilities that may require additional aides or supports so that we may more effectively serve him or her? _____

Known Allergies _____

Has had medical surgery in the last 6 months? Y / N

Still under a Doctor's care? Y / N

Has a medically prescribed diet? _____

The following physical limitations: _____

Immunizations up to date? Y / N

You should also be aware of these special medical conditions of my child: _____

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

I agree on behalf of myself, my heirs, successors, personal representatives and assign to protect, indemnify, save, and hold harmless the Diocese of Toledo, and St. Charles Borromeo Catholic Church, and their officers, directors, agents employee, or representative associated with the parish Youth Formation Program from all damages, claims, suits, expenses and payment on account of or resulting from conditions stated on or resulting from any such injury, death or damage to property, including negligence of the Diocese of Toledo, and St. Charles Borromeo Catholic Church, and or their officers, directors, and employees arising from or in connection with my attending Youth Formation events beginning August 1, 2020 and continuing through August 31, 2021. In the event that any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such an action shall pay the prevailing party therein all court costs, reasonable attorney fees and expenses incurred by the prevailing party.

As parent/guardian, I understand that promotional photos/video may be taken during youth events. I give permission for my child's picture/video to be used for promotional reasons to highlight youth events (youth websites/web pages, newsletters, calendars, videos for youth events/youth promotions, etc.).

Today's Date _____

COVID-19 Acknowledgement of Risks

We, the undersigned parent(s) and student, acknowledge and agree that, as a student at St. Charles Borromeo Catholic Church and School and as parent(s) of that student, entering in the school or being on the premises, having personal contact with teachers, classmates, and other St. Charles Borromeo Catholic Church and School staff, involves a certain degree of risk, namely of parent(s) and/or student acquiring a communicable disease, including COVID-19, and then potentially passing it on to others, including family members. Due to the highly contagious nature of COVID-19, there is an elevated risk of student contracting the disease simply by being in on the premises, or at any St. Charles Borromeo Catholic Church and School function.

After carefully considering the COVID-19-related risks involved, and having the opportunity to discuss these risks with any healthcare professional(s) of our choosing, we voluntarily accept those risks and acknowledge that returning to in-person classes and other in-person St. Charles Borromeo Catholic Church and School functions is the choice of each family, including ours. If student or parent(s) who visit St. Charles Borromeo Catholic Church and School have underlying health concerns which may place them at greater risk of contracting any communicable disease, including COVID-19, we agree that we will consult with a health care professional before student or parent(s) return to St. Charles Borromeo Catholic Church and School, attend any St. Charles Borromeo Catholic Church and School function, or visit St. Charles Borromeo Catholic Church and School. Moreover, we acknowledge that while adherence to safety and precautionary measures (e.g., social distancing guidelines, facemasks, handwashing, etc.) may reduce possible exposure to the risk of contracting a communicable disease, the possibility of serious illness and death remains. We do hereby accept and assume sole responsibility for any illness acquired by student or parent(s) while at St. Charles Borromeo Catholic Church and School or any St. Charles Borromeo Catholic Church and School function, including possible infection with COVID-19. We hereby release St. Charles Borromeo Catholic Church and School and the Diocese and their employees and agents from liability for any injury, loss, or claim arising out of an illness contracted by student or parent(s) while at St. Charles Borromeo Catholic Church and School, and further agree to defend and indemnify them against claims or suits arising out of such an illness.

We further accept that we have obligations to the school and parish, its employees/staff members, students, and others to take certain precautions and make certain disclosures to prevent the spread of COVID-19 as outlined by the State of Ohio and the applicable local public health department. Additionally, we agree that neither student nor parent(s) will come to St. Charles Borromeo Catholic Church and School or any St. Charles Borromeo Catholic Church and School function if in the last 14 days, student or parent(s) has had prolonged (more than 15 minutes) close contact (within 6 feet) with anyone, including a family member, diagnosed with or suspected of having COVID-19.

Parent Signature Date

Student Signature Date