St. Ignatius Loyola & Immaculate Conception Parishes

Elementary and High School Religious Education Registration

Student Information:

First Name _____ MI _____ Last Name _____

Address _____ City _____ Zip Code _____

Student Email _____ Home Phone _____ Birthday _____ Grade level _____

Sacraments the Student has Received:

Baptism Place & Date _____ First Communion Place & Date _____ Confirmation Place & Date _____

Parent Information:

Parents' Names _____ Mother's Maiden Name _____

Father's Work Phone # _____ Mother's Work Phone # _____ Parent Email _____

Address (if different from student's) _____

Insurance Company & Policy # _____

Emergency Contact:

Name _____ Relationship _____ Phone # _____

Physician _____ Phone # _____

Allergies, special medical needs, or medications being used _____

In consideration of my child being allowed to participate in the St. Ignatius Loyola and Immaculate Conception Parish education programs and/or field trips, I hereby agree on behalf of myself and my child, to release the parishes, the Roman Catholic Diocese of Marquette, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers for field trips (collectively called "Releasees") from any claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in their programs and/or field trips. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the programs and/or field trips. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim. Furthermore, as a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger the life of the student, cause a disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Signed this _____ day of _____, 2010.

_____ *Signature of the Parent or Legal Guardian*