



2019-2020 - REGISTRATION FORM

Registered in this Parish? YES NO

FAMILY LAST NAME: _____

Address: _____

Street

City

State

Zip Code

Primary Phone #: _____ Home phone Cell phone

PARENT'S INFORMATION

Father: _____ Email: _____ Cell phone: _____

Mother's: _____ Email: _____ Cell phone: _____

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the minor(s) named in the back of this form. I agree on behalf of myself, my child named here in, or our heirs, successors, and assigns, to hold harmless and defend St. Pius X and the Catholic Diocese of Richmond, its employees and agents, chaperons, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese. I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any 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, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold St. Pius X and the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

I have read and AGREE

I give permission for pictures and/or videos of my child/children (named on the back) engaged in activities related to Religious Education or parish event to have their pictures posted in St. Pius X publications or websites. Names of participants will not be used without expressed permission from the parent or guardian. YES NO

(If no box is checked the Diocese of Richmond and St. Pius X Church assumes you give permission)

Parent signature: _____ Printed Name: _____ Date: _____

..... Parish Office use only - Please do not write below this line

Form Received on _____ Parish ID# _____ Data OK?: Yes No → Parish registration data updated on:

Amount Paid \$ _____ Cash check # _____ Processed by _____ ParishSoft Reg.Card

INFORMATION ON INDIVIDUAL CHILDREN who will be attending.

CHILD 1

Full Name: _____ Date of Birth: _____

Gender: Male Female Grade in 2019-2020: _____

Special Requests: _____

Medical Condition or Allergies: _____

CHILD 2

Full Name: _____ Date of Birth: _____

Gender: Male Female Grade in 2019-2020: _____

Special Requests: _____

Medical Condition or Allergies: _____

CHILD 3

Full Name: _____ Date of Birth: _____

Gender: Male Female Grade in 2019-2020: _____

Special Requests: _____

Medical Condition or Allergies: _____

CHILD 4

Full Name: _____ Date of Birth: _____

Gender: Male Female Grade in 2019-2020: _____

Special Requests: _____

Medical Condition or Allergies: _____
