
FAMILY NAME

2015 – 2016 RELIGIOUS EDUCATION REGISTRATION

Holy Redeemer Parish

"Holy Redeemer Church, Holy Trinity Church, Our Lady of the Snows Church & Holy Family Church"

Kindergarten – 12th grade

To be completed by parent or guardian of minor

Religious Education Registration Fee:

\$10.00/child – Level K

\$20.00/child – Level 1–6

\$10.00/youth – 7th thru 12th Grade

If you are unable to pay these amounts please contact Debbie Garrett @ 541-536-1992 or debbieg73@msn.com

"We do not want any child denied the right to learn about God due to financial reasons!"

Is your family registered in the Parish? Yes _____ No _____

<u>Student's full name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Grade</u>	<u>Sacrament's received</u>	<u>T-Shirt size</u>
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Please list student's special needs, if any

(example: allergies, disabilities, chronic illness or other needs)

Student name

Bus pick-up/Playground Monitor Substitute___

I give my consent for the administration of any emergency treatment deemed necessary by a registered nurse, EMT, licensed physician or dentist; and the transfer of the minor to any hospital reasonably accessible when medically necessary. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Family Physician _____ Phone _____

Dentist/Orthodontist _____ Phone _____

Do you carry medical/hospital insurance? Yes ___ No ___

If yes please indicate:

Company _____

Policy/Group Number _____

RELEASE OF ALL CLAIMS

In consideration of the permission granted to the above named by Holy Redeemer Parish to participate in Religious Education (2015–2016), I hereby release the Bishop of the Diocese of Baker, the Diocese, Holy Redeemer Parish, its agents and employees from all action, causes of actions, or damages claims, demands which I my heirs, executors, administrators, or assigns may have against the Diocese of Baker and other above described parties, for all personal injuries or to other claims for relief known or unknown which said child(ren) or ward(s) has or may incur by participating in the above described activity/event and which would normally occur as an assumed risk of participating in said activity or activities. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release on the _____ Day of _____ 2015–2016

PARENT/GUARDIAN’S SIGNATURE _____ DATE _____