

ST. ANNE MELKITE CATHOLIC CHURCH SUNDAY SCHOOL

Parent or Guardian Information:

First Name:		Last Name:	
Address:		City:	Zip:
Home Phone Number:		Preferred Email:	
Cellular Number:		Name of Spouse:	
Spouse Cell Number:		In case of emergency, please contact:	
Would you like to be on the Church email distribution list? Circle one YES NO			

Child or Children's Information: Sunday School is from Kindergarten to 7th grade; ages 5 to 12

Please provide the following information about each child entering Sunday School

Child's Full Name	Date of birth	Grade	Please Circle an answer for each:
			Baptism Yes No First time in Sunday school Yes No Reconciliation Yes No
			Baptism Yes No First time in Sunday school Yes No Reconciliation Yes No
			Baptism Yes No First time in Sunday school Yes No Reconciliation Yes No
			Baptism Yes No First time in Sunday school Yes No Reconciliation Yes No

PLEASE SIGN THE PERMISSION OF PARTICIPATION ON THE BACK

PERMISSION OF PARTICIPATION (LEGAL WAIVER):

I, the undersigned, hereby give my permission for my child's (children's) participation in the above named activity.

I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or diocesan personnel responsible for this activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Eparchy of Newton, its constituent organizations, including but not limited to the Melkite Catholic Bishop of Newton, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that she/he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

Signature of Parent or Guardian

Date