

Holy Trinity Parish Religious Education

2009-2010

FAMILY NAME _____

Guardian/Parents' Names _____

Address _____ Zip _____

Phone #'s (home) _____ (work) _____ (cell) _____

Email address _____

Children First Names	Birthdate Mo-day-yr	Grade	Sacramental Information <i>(check those completed)</i> <i>(B)apt (R)ec (E)uch (C)onfirm</i>
_____	_____	_____	(B)___(R)___(E)___(C)___
_____	_____	_____	(B)___(R)___(E)___(C)___
_____	_____	_____	(B)___(R)___(E)___(C)___
_____	_____	_____	(B)___(R)___(E)___(C)___
_____	_____	_____	(B)___(R)___(E)___(C)___

Fee Scale:

1st child \$20 2 children \$35 3 or more children \$50 Adult \$25

Parent/Guardian Signature

Date

Adult Faith Formation

“Catechesis is an education in the faith of children, young people *and* **adults**...with a view to initiating the hearers into the fullness if the Christian life.” (CCC 5)

Name _____ Name _____

I will grow toward this fullness of the Christian life through participation in:

Adult Ed. ___ Being a Catechist/Catechist aide ___ Bible Study ___ Catechism study ___

For Office Use:

Check # _____ Cash _____ PDS # _____

Consent to Treat Form

Mailing List Form

ACTIVITY RELEASE

For those 18 years of age or older, all parents, and all guardians:

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its affiliates* (collectively, "the Diocese"). In case of medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation. I, individually, and in my capacities as parent, guardian, or next friend of my children:

waive, release, and indemnify the Diocese and its agents, directors, officers, employees, and volunteers (collectively, the "Released Parties") from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence. This Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to the Diocese.

Date Signature

Date Signature

Home phone: _____ Work phone: _____ Mobile phone: _____

Medical Insurance Company and Policy Number:

Authorized Medications:

Family Physician/Emergency Contact and Phone:

Special considerations or needs (allergies, asthma, etc.)

For all those over 14 and under 18 years of age:

I waive, release, and indemnify the Released Parties as identified above from all claims or liability which has arisen or which may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me or my property.

Date Signature

Date Signature

*"Affiliates" includes all Diocesan parishes, missions, schools, and ministries and also Catholic Charities of Colorado Springs, Inc., Partners in Housing, Inc., Ave Maria Catholic School Corporation, and the Catholic Foundation of the Diocese of Colorado Springs, Inc., Villa San Jose & Villa Santa Maria, Queen of Heaven Cemetery. (Permanent retention) (T:\Forms\Release, Perm, Vol 3/8/05)

