



**Videotaping and Still Photographs**

Video and still photographs may be taken during the year. Your signature constitutes an **Opt-out** for your child’s participation in videotaping and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website. **FOR YOUR INFORMATION, NO CHILD WILL BE IDENTIFIED BY NAME!**

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Safe Environment Advisory**

During the class year we will present a “Safe Environment” curriculum. If you want your children **excused** from attending this event, please sign and date.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Check if Sacrament Received

First Name	Last Name	Grade in Fall '09	Gender	Birthdate	School	Bap.	Rec.	First Comm.	Conf.	1st Choice*** Day / Time	2nd Choice Day / Time

**\*Junior High:** Please Indicate Only ONE Teen Or Leader You Would Like To Be With In 1st Choice Column

**\*\*High School:** teens may list one teen only to be with in their group. We will try to accommodate, but cannot promise.

List allergies, learning/physical disabilities or needs for each child. Please also include any family issues that you think we should be made aware of.

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As a parent and/or legal guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if I am delayed. I authorize the Parish authorities to send my child (properly accompanied) to an available hospital or physician. This consent is granted only after a reasonable effort has been made to reach me.

Dates when release is intended: September 2009 through May 2010.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_