

ANNUAL MINOR ENROLLMENT FORM

2017-2018

**Catholic Diocese of Shreveport and the Parish of Saint Joseph Catholic Church, Shreveport Louisiana
Parental Liability Waiver, Permission and Medical Information**

Minor's Name: _____ Grade: _____

Birth Date: _____ Sex: _____

Parent or Guardian/Conservator Name: _____

Home Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Cell Phone _____ Home Phone _____ Office Phone _____

Emergency Contact Name: _____

Relationship to the minor participant: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Texting: Yes No

Release/Indemnification Information:

I, _____ grant my permission for _____
Parent/Guardian/Conservator's Name Participant's Name

*to participate with the various programs and activities of the Diocese of Shreveport and/or the parish of Saint Joseph Catholic Church, 211 Atlantic Avenue; Shreveport, Louisiana 71105 beginning the **1st day of August 2017 and continuing through the 31st day of May, 2018.** These various programs and activities will take place under the guidance and direction of employees and/or volunteers from the parish of Saint Joseph Catholic Church and/or the Diocese of Shreveport. This permission and liability waiver will be kept on file and will accompany the child on any and all programs and activities of the Diocese of Shreveport and/or parish of Saint Joseph Catholic Church.*

I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by the participant named above.

I agree on behalf of myself, my son/daughter/participant named herein, our/his/her heirs, successors, and assigns to hold harmless, the Diocese of Shreveport, the Bishop and his successors, employees, agents, volunteers, the Parish, its employees and volunteers from any and all claims (unless due to gross negligence of the Diocese and/or Parish) for illness, injury, death and the cost of medical treatment therewith, arising from or in any way connected with my son's/daughter/participant's attending the various programs and activities during the dates named above.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that that each party is responsible for its own legal fees, court costs and expenses.

⇒ **Parent/Guardian/Conservator Signature** _____ **Date** _____

Promotional Release

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: Parish of Saint Joseph Catholic Church, 211 Atlantic Avenue; Shreveport, Louisiana 71105. ATTN: Name of Catechetical Leader in which my son/daughter may appear by the Diocese of Shreveport. I understand that these materials, including websites and social media sites, are being used for promotion of the youth ministry of the Diocese of Shreveport which may include recruitment and fundraising efforts.

⇒ **Parent/Guardian/Conservator Signature** _____ **Date** _____

Social Media Release

The Diocese of Shreveport utilizes today’s technology in a positive way to reach out to the youth of the Diocese, including Facebook email, and other social media. We may remove any content deemed inappropriate. All communications with any youth through social media programs by anyone representing the Diocese may be made available to any parent upon request. If you do not allow your son/daughter to text, Facebook, or use other social media, there will no expectation that they do so in order to participate in certain youth ministry events. However, the Diocese cannot guarantee that photos, videos or other communications of your son/daughter from diocesan and/or parish events will not be uploaded to a social media site.

⇒ **Parent/Guardian/Conservator Signature** _____ **Date** _____

Internet Permission

I **DO** give permission for my child/ children to use the Internet according to the Diocesan Internet Use Policy.

I **DO NOT** give permission for my child/children to use the Internet according to the Diocesan Internet Use Policy.

Is the participant insured? ____ Yes ____ No

If yes, please fill out the information below **FROM THE PARTICIPANTS Insurance Card**,:

Name of Policy Holder (whose name is the policy in) _____

Insurance Carrier/Name of Insurance Co: _____

Policy Number: _____ Insurance ID Number: _____

Claim

Address/Zip _____

Customer Service Phone # _____

Medications: Check All that Apply – Note: DO NOT CHECK ALL BOXES BELOW AS ONE MAY CANCEL OUT ANOTHER

- This child takes no medication.
- I understand that as the parent/guardian, I am solely responsible for administering medication to my child.
- No medication of any type whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.
- I grant permission for the following nonprescription medication to be given to this child (excluding medication listed below that causes allergic reaction) in the recommended dosage on the medication bottle.
Throat Lozenge: Yes____ No____

Specific Medical Information

- 1.Allergic reactions (medications, foods, plants, insects, etc.):

- 2.Other Medications child currently takes

- 3.Date of last tetanus injection (*Without a date, one may be given in the event of an accident.*)

- 4.Any physical limitations

- 5.Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? If so, date and disease or condition.

- 6.You should also be aware of these special medical conditions of this child:

To the best of my ability, everything I have stated here is true and accurately reflects my wishes.

⇒ **Parent/Guardian/Conservator Signature** _____ **Date** _____