

# St. Patrick Catechesis Registration 2023/24

## Family Information

Father: \_\_\_\_\_  
First Middle Last

Religion: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mother: \_\_\_\_\_  
First Middle Last Maiden

Religion: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Registered at St. Patrick?  
Yes / No

## Student Information

*1st Communion and Confirmation Applicants: parents MUST staple a copy of their child's baptismal certificate to this form.*

Full Name	DOB	Grade	Class Session

**\*FREE for families registered at St. Patrick\***

### Class Sessions

*Write in your preferred class session/time in the space above.*

- Children (gr K-5): Sundays 1:00-2:15**
- EDGE (gr 6-7): Sundays 1:00-2:15**
- CHOSEN Confirmation (gr 8): Sundays 1:00-2:15**
- Life Teen (gr 9-12): Sundays 3:00-5:00**

**\*Your Tax Deductible Sunday Tithe Supports the Catechesis Program!\***

### Parent/Volunteer Opportunities

*Circle as many as you are interested in!*

- Catechist
- Asst. Catechist (Helper)
- Service Projects
- Administrative
- Youth Chaperone
- Youth Trips Transportation:
  - Van/SUV (# of seatbelts \_\_)
  - Sedan (# of seatbelts \_\_)
  - Truck (# of seatbelts \_\_)
- 1st Reconciliation & 1st Communion Team
- Youth Core Team

# St. Patrick Catechesis Activity Release 2023/24

## Parents/Guardians or Teens 18+:

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 related organizations (collectively, "the diocese"). In case of medical need, I authorize the Diocese to arrange for medical or dental services for any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacity as parent or guardian of my children:

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Children's/Youths' Names

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 property, or any of my children's property. 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. The 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: \_\_\_\_\_ Adult Signature: \_\_\_\_\_ Adult Name: \_\_\_\_\_

## Teens between 14 and 18 years:

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 to my property.

Date: \_\_\_\_\_ Youth Signature: \_\_\_\_\_ Youth Name: \_\_\_\_\_

Date: \_\_\_\_\_ Youth Signature: \_\_\_\_\_ Youth Name: \_\_\_\_\_

## Media Release:

I, the undersigned, consent that the photographs, artwork, writing, or videos in which my children, as shown on the front of this form, appear may be used by St. Patrick Catholic Church and the Diocese of Colorado Springs in whatever way they desire, including television, website, CD, and any other form of storage, retrieval and reproduction of information/images. Furthermore, I hereby consent that such information, photographs, videos, tapes, disks, etc., from which they are made shall be the property of St. Patrick Catholic Church and the Diocese of Colorado Springs. They shall have the right to duplicate, reproduce, and make other uses of such information, photographs, videos, disks, recordings, etc., as they may desire, free and clear of any claim whatsoever on my part.

Date: \_\_\_\_\_ Adult Signature: \_\_\_\_\_ Adult Name: \_\_\_\_\_

## Medical Information:

Medical Insurance Company and Policy Number: \_\_\_\_\_

Family Physician or Non-Parent Emergency Contact and Phone: \_\_\_\_\_

Student Name	Authorized Medications	Special Considerations (allergies, asthma, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____