

St. Joseph's & St. Paul's Faith Formation Registration

St. Joseph's Catholic Church / St. Paul's Catholic Church

Please circle parish in which you are registered and complete for program (s) registration.

Summer Programs

PROGRAM	COST	NUMBER	MY COST
Theology of the Body for Young Adults <i>Every Tuesday for 12 weeks For grades 10 thru college</i>	\$20.00 per student		
Muffins with Moms <i>For girls entering 6th grade & mothers</i>			
Chastity Classes <i>Parents must attend parents session</i>			
Donuts with Dads <i>For boys entering 6th grade & fathers</i>			
Duc in Altum <i>Grs 1- 8 Mon – Thurs 9:00 am – 2:30 pm Grs 9 – 12 Sun – Thurs 7:30 – 9:30 pm</i>	\$15.00 per child or \$25 per family		
		Total	\$ _____

Fall Programs

PROGRAM	COST	NUMBER	MY COST
Generations of Faith	\$75.00 per family / \$35 per single		
First Communion	\$15.00 per student		
Edge (Grades 5 – 8)	\$30.00 per participant		
Lifeteen (Grades 9 – 12)	\$30.00 per participant		
Confirmation (Grs 11 / 12) Retreat Fee	\$30.00 per participant \$20.00		
		Total	\$ _____
		Cap per family (fall programs)	\$150.00

*Financial difficulties will NOT declare a participant ineligible for these programs.
Contact the Office for assistance.*

1. **Child's Name:** _____
(first) (middle) (last)

Grade: _____ Programs: _____

Medications or medical concerns: _____

E-mail _____ Cell Phone _____ T-Shirt Size (adult sizes) _____

2. **Child's Name:** _____
(first) (middle) (last)

Grade: _____ Programs: _____

Medications or medical concerns: _____

E-mail _____ Cell Phone _____ T-Shirt Size (adult sizes) _____

3. **Child's Name:** _____
(first) (middle) (last)

Grade: _____ Programs: _____

Medications or medical concerns: _____

E-mail _____ Cell Phone _____ T-Shirt Size (adult sizes) _____

4. **Child's Name:** _____
(first) (middle) (last)

Grade: _____ Programs: _____

Medications or medical concerns: _____

E-mail _____ Cell Phone _____ T-Shirt Size (adult sizes) _____

Parent/ Guardian Information

1. Name: _____ Email: _____

Daytime	Evening / Weekend	Cell
Phone: _____	Phone: _____	Phone: _____

2. **Emergency Contact:** _____ Relationship: _____

Daytime	Evening / Weekend	Cell
Phone: _____	Phone: _____	Phone: _____

Family Name _____

RELEASE OF LIABILITY

The undersigned do hereby release, forever discharge and agree to hold the Diocese of Rapid City and St. Joseph's or St. Paul's parish harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and or the participant (if participant is under 18, or 18 and older) while attending the before referenced activity.

Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage and expense arising from the undersigned's or participant's (if participant is under 18, or 18 and older) participation in all activities, including recreation and work activities involved in the referenced activity. In addition, authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for the undersigned or participant (if participant is under 18, or 18 and older). The undersigned further hereby agree to indemnify and hold the Diocese of Rapid City, the above named parish, and their respective members, directors, employees, and agents (collectively, the 'indemnities'), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney's fee and expenses sustained by the indemnities as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (if participant is under 18, or 18 and older).

If participant is under 18 years of age: We (I) are the parent(s) or legal guardian(s) of the participant, and hereby grant permission for our child(ren) to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, we fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

If participant is 18 or older: I hereby give my permission to take me to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, I fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for me, the above named participant, to return home due to medical reasons, disciplinary action or otherwise, I assume all responsibility and transportation costs.

Without compensation, I hereby grant permission to the Diocese of Rapid City and said parishes to use and reproduce photographs of me or my child(ren). These photographs may be used for news and editorial purposes in publications, electronic reproductions (web sites), and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists, and the publications or media outlets they represent as well as this Diocese and these parishes, from all claims and liability relating to said photographs.

Adult/Guardian Signature _____

Participant's Signature _____
(If over age 18)

Doctor's Name _____ Phone _____

Insurance Company _____ Policy # _____

Date: _____