

ACTIVITY RELEASE and PLEDGE

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

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:

(Child/ren 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 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 writing signed by me that bears the date of the revocation as delivered to the Diocese.

Religious Education is important for learning about our faith. Mass reinforces and supports these efforts, it is the way we as Roman Catholics have chosen to keep holy the Sabbath. This is how we worship our Lord together as Christ's Church. We come to hear the Word of God and to receive the Body and Blood of Jesus along with our brothers and sisters in faith. Since you, the parents, are the first and foremost example of faith to your children, what you say and do will have a lasting affect.

By signing below, I affirm the diocesan activity release and pledge to make weekend Mass a priority in the lives of my family.

Date *Parent's Signature (and youth over 18 years old)* _____
Date *Parent's Signature (and youth over 18 years old)*

Medical Insurance Company and Policy Number: _____
Authorized Medications: _____
Family Physician/Emergency Contact and Phone: _____
Special considerations or needs (allergies, asthma, etc) _____

Youth between 12 and 18 years of age also need to sign below:

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 *Student's Signature (over 12 & under 18)* _____
Date *Student's Signature (over 12 & under 18)*

*"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.

Pax Christi Religious Education Registration 2007-2008 Preschool – 12th Grades

How to Register: Complete the following 2-sided form. Program information and instructions for completing this form are found on a separate instruction page. Families must be registered to the parish. Return this form to the parish office, kiosk in the link, collection basket or mail to: 5761 McArthur Ranch Road, CO 80124.

Office Use. CHURCH REGISTRATION Received _____ Request sent for registration _____

Parents Names: _____ **Email** _____

Address: _____

City _____ **Zip** _____

Phone: Home _____ Wk (Mother or Father) _____ Cell (Mother or Father) _____

<u>Male (M) -or- Female (F)</u>	<u>Child's Name</u>	<u>Program Choice</u>	<u>Pre-K Info P3 or P4</u>	<u>Grade: K-12 (as of 9/15/07)</u>	<u>Baptized Catholic</u>	<u>Pre-K through 6th Grade Program and time preferences</u>
_____	_____	_____	_____	_____	YES NO	First _____ Second _____ Third _____
_____	_____	_____	_____	_____	YES NO	First _____ Second _____ Third _____
_____	_____	_____	_____	_____	YES NO	First _____ Second _____ Third _____
_____	_____	_____	_____	_____	YES NO	First _____ Second _____ Third _____
_____	_____	_____	_____	_____	YES NO	First _____ Second _____ Third _____

SACRAMENT REGISTRATION Choose at most one program per session for each child. **Name of Child(ren)/Youth**

FIRST RECONCILIATION Circle program choice: **Session 1, 2 or 3** _____

FIRST COMMUNION Circle program choice: **Session 1, 2 or 3** _____

CONFIRMATION _____

Volunteers A) Our first needs are for program coordinators, teachers, classroom aides and nursery assistants during class. B) All other families will share responsibilities for substitute teachers, substitute aides, attendance help (at church during office hours), Pre-K assistance to class, office paper work, hall monitor and curbside supervision. Please indicate your desire / preference. God bless your generosity!

Name _____

Area of interest _____