



PLEASE COMPLETE INFORMATION BELOW FOR EACH CHILD REGISTERED

**CHILD'S NAME** \_\_\_\_\_ **FOOD ALLERGIES:** \_\_\_\_\_

PLEASE LIST ANY MEDICAL/PHYSICAL/PSYCHOLOGICAL/EMOTIONAL ISSUES OR LIMITATIONS WE SHOULD BE AWARE OF:  
\_\_\_\_\_

**CHILD'S NAME** \_\_\_\_\_ **FOOD ALLERGIES:** \_\_\_\_\_

PLEASE LIST ANY MEDICAL/PHYSICAL/PSYCHOLOGICAL/EMOTIONAL ISSUES OR LIMITATIONS WE SHOULD BE AWARE OF:  
\_\_\_\_\_

**CHILD'S NAME** \_\_\_\_\_ **FOOD ALLERGIES:** \_\_\_\_\_

PLEASE LIST ANY MEDICAL/PHYSICAL/PSYCHOLOGICAL/EMOTIONAL ISSUES OR LIMITATIONS WE SHOULD BE AWARE OF:  
\_\_\_\_\_

**PHOTO RELEASE**

\_\_\_\_ **Yes**, I hereby grant St. Gerard Catholic Church, their legal representative, or those for whom they are acting, the absolute right and permission to copyright and use photographic portraits or pictures of my child for display during the 2017-2018 academic year. Photos may be used for marketing purposes such as in the church bulletin, displays, diocesan or parish websites, FAITH magazine, etc.

I hereby waive any right I may have to inspect or approve the finished product or products.

I hereby release St. Gerard Catholic Church, their representatives, or those for whom they are acting, from any liability for any violation of any personal or proprietary right I may have in connection with the use of the above stated images.

I state further that I have read the above authorization, release and agreement and that I am fully familiar with its contents.

\_\_\_\_ **No**, I decline to have my child's photograph displayed; however, I do allow my child to be in unidentified group pictures with no names mentioned. If you wish to be excluded, please contact the Religious Education Office.

**FAMILY DIRECTORY**

\_\_\_\_ **Yes**, I give permission to publish my family's information (parents & students names, address and e-mail) in the St. Gerard Religious Education Directory. This directory is being published for the sole purpose of allowing campers to connect with each other outside of camp.

\_\_\_\_ **No**, please do NOT publish my family's information in the directory.

**PARENT/GUARDIAN PERMISSION**

As a registered parishioner of St. Gerard Parish, I hereby consent to the participation of my child(ren) listed above in St. Gerard Religious Education Programs for the 2018-2019 academic year. I understand these programs will take place on the parish grounds and that my child(ren) will be under the supervision of authorized parish personnel.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_