

Corpus Christi First Communion / First Reconciliation Sacramental Preparation Registration Form 2020-2021

Parents or Guardians Names: _____

Address: _____

City and Zip Code: _____ Phone Number: _____ Secondary Phone Number: _____

E-Mail Address (please fill this out): _____ Custodial Parent (if applicable): _____

We are a member of: _____ Corpus Christ _____ Other- Name of Parish: _____

First Child's Name (First and Last): _____ Birthdate: _____

Grade: _____ School Attending: _____

Received Baptism: Yes No

Second Child's Name (First and Last): _____ Birthdate: _____

Grade: _____ School Attending: _____

Received Baptism: Yes No

Third Child's Name (First and Last): _____ Birthdate: _____

Grade: _____ School Attending: _____

Received Baptism: Yes No

Fourth Child's Name (First and Last): _____ Birthdate: _____

Grade: _____ School Attending: _____

Received Baptism: Yes No

Permission/ Release:

I give permission for my child (ren) to participate in PSR. I voluntarily and knowingly accept and assume the known risks involved in the program for myself and my child(ren) in consideration for Corpus Christi allowing us to participate in the program. I hereby fully release of myself, executors, administrators, and assigns. I hereby fully release and forever discharge the parties named above, along with heirs, officers, agents, employees and volunteers. I understand and acknowledge the significances and consequence of my specific intention to release any and all such claim and I hereby assume full responsibility. This release is knowingly/voluntarily signed with the intent to be legally bound.

I understand that my child (ren) participation in Parish activities his/her picture could be taken and used in press releases, brochures, video, CD/DVDs, website, etc. for publicity use only. This authorization will remain in effect forever. I understand that I have the right to revoke this authorization at any time by submitting a written request. This agreement does not obligate the use of my child's picture.

____ I grant permission

____ I do NOT grant permission

Parent/ Guardian Signature

Date

IMPORTANT- PLEASE DO NOT FORGET TO FILL OUT THE MEDICAL RELEASE FORM. IT IS REQUIRED FOR YOUR CHILD TO BE PARTICIPATING IN PSR.