

**St. John the Baptist Parish
Parental Permission and Health Authorization 2011-2012**

Participant's Names	Please explain any applicable health needs or disability of the participant

I/We, parents/guardians of the above named child(ren) hereby give our permission for their participation in any and all Religious Education activities. I/We agree to direct our children to cooperate/comply with directions/instructions of Religious Education personnel responsible for Religious Education activities. I/We agree to be responsible for all medical expenses relating to injury of my child as a result of his/her participation in Religious Education activities, whether or not caused by the negligence of the parish Religious Education program, or any of its employees, volunteers or participants.

I/We give permission for the above named child(ren) to be photographed or videotaped during the Religious Education activities. I understand that such photography will be used only for the Religious Education Program at Saint John the Baptist Parish. No image will be published or shared outside this program.

I/we agree to accompany my/our child(ren) to the community center and remain with them until their leader is available and to pick up my/our child(ren) at the community center in a timely manner.

In the event we cannot be reached in an emergency, I/we give permission for my/our child(ren)'s teacher/adult leader to authorize by his/her signature whatever medical treatment may be necessary. Yes ___ No ___

Parent/Guardian Signature(s) _____

Persons other than parents authorized to be notified and/or pick up my/our child(ren)

Name: _____ Phone _____

Name: _____ Phone _____

Physician _____ Phone _____

Medical Plan: _____ Plan # _____ Group _____

Baptismal Certificate is required with enrollment.

Junior High Enrollment Fees per household: \$60 for one participant, \$100 for two.

Payment is due at the time of enrollment. Please make checks payable to Saint John Parish

Total fees due: _____ Fees Paid _____ Balance Due _____ Check # _____ Cash _____

Volunteer 50% Discount _____ Sacrament code _____ Notes: _____