## St. Mary's Byzantine Catholic Church 1900 Brooks Boulevard Hillsborough, NJ 08844 (908) 725-0615

## 2023-2024 Eastern Christian Formation Program Registration Form

S	School Grade:	
A	Age:	
Middle	Last	
Street		
State	Zip Code	
Primary Email Addr	ess:	
/Legal Guardian Infor	<u>mation</u>	
ne)	(Phone Number)	
Religio	n/Rite:	
Cell Phone #:		
Religio	Religion/Rite:	
Cell Ph	Cell Phone #:	
Child Living w/:		
<u>Sacraments Received</u> name of church, city, sta	te and country)	
	Date:	
	Date:	
Date:		
Date:		
itions, Allergies and S (Please list all known)	pecial Needs	
	Middle  Street  State  Primary Email Addr  Legal Guardian Infor  Religio  Cell Ph  Religio  Cell Ph  Child L  Sacraments Received  Jame of church, city, sta	

<u>NOTE</u>: ALL INFORMATION IS KEPT CONFIDENTIAL AND ONLY USED IN THE ADMINISTRATION OF ST. MARY'S EASTERN CHRISTIAN FORMATION RELIGIOUS EDUCATION PROGRAM BY THE ADMINISTRATORS AND STAFF ONLY AS STRICTLY NECESSARY.

## **Consent and Release of Liability**

I hereby request and give permission for my child to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my child. In consideration of my child participating in the activity about set out, I by these presents do for myself and for my child, our heirs, executors and administrators, release and forever discharge Reverend James Badeaux individually and as pastor of St. Mary's Byzantine Catholic Church, Bishop Kurt Burnette, individually and as Bishop of the Byzantine Catholic Diocese of Passaic, the Byzantine Catholic Diocese of Passaic, the employees, agents and volunteers for the event, their heirs, executors, administrators and successors from all manner of actions, suits, damages, judgments, claims for personal injuries, property damage and demands whatsoever which I and my child jointly or severally may have against the parties herein above named or which may arise in the future by reason of any matter, cause or thing whatsoever, as a result of my child participating in, including travel to and from the activity herein above set out.

Child's Name:			
	(please print)		
Parent/Legal Guardian:			
	(please print)		
Parent/Legal Guardian Signature:		Date:	
****************	***********	**********	
Consent f	or Medical Treatment		
As the parent/legal guardian of(pleas	, a minor, I	hereby give consent for his/her	
emergency medical care, if required, as the result of to pay any expenses incurred of such treatment.	f injury or illness that may occur d	uring this program/event. I agree	
Parent/Legal Guardian:	(please print)		
Parent/Legal Guardian Signature:			
Pi I authorize the directors and my child's teacher(s)/tereleased to the individuals named below.	ck Up Release eacher's aide(s) to allow my son/d	aughter, in my absence, to be	
	tudent's Name)		
May be released to:	radoni o Namo,		
(Full Name)	(Relationship)	(Phone Number)	
(Full Name)	(Relationship)	(Phone Number)	
Authorized by:			
Parent/Legal Guardian:	(please print)		
Parent/Legal Guardian Signature:		Date:	