

Pizza, Popcorn, & Pajama Party Child Registration Form

Mother's Full Name _____ Father's Full Name _____
Phone Number: _____ Phone Number: _____
Email: _____ Email: _____

Address: _____

1. Child's Name: _____ Grade: _____ Date of Birth: _____

Allergies, Medical Conditions, Special Needs, etc.: _____

2. Child's Name: _____ Grade: _____ Date of Birth: _____

Allergies, Medical Conditions, Special Needs, etc.: _____

3. Child's Name: _____ Grade: _____ Date of Birth: _____

Allergies, Medical Conditions, Special Needs, etc.: _____

4. Child's Name: _____ Grade: _____ Date of Birth: _____

Allergies, Medical Conditions, Special Needs, etc.: _____

Family Physician's Name: _____ Health Insurance Company: _____

Emergency contact name, phone number, relationship to child (ren) (in case parents are unavailable):

If other than parent pickup, name of person who will be picking up: _____

Media Release:

I/we give my/our permission to the Roman Catholic Diocese of Grand Rapids, Michigan (the Diocese) and all entities, representatives, employees, and agents operating under its authority to use, without prior notice, my name or my minor child's name, city, and state, and/or audio, video(s), photo(s), and/or any other likeness and to use my statements made by or attributed to me or my child relating to the Diocese, without compensation, for web, social media, publicity or similar promotions for the Diocese. I waive my right to inspect or approve such publications, including any written copy that may be created in connection therewith. I/we agree that my/our electronic signature(s) below releases any and all claims against the Roman Catholic Diocese of Grand Rapids, or its associated enti-

Yes, I/we are agreeing to the above Media Relations/Promotions Release for all children listed on this form

No, I do not grant permission for release

Medical Release:

To Whom It May Concern: As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition, which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me. I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility. This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Yes, I/we are agreeing to the above Medical Release for all children listed on this form

No, I do not grant permission for release

Parent/ Guardian Signature: _____ Date: _____