ST. GREGORY THE GREAT
CATHOLIC CHURCH | VIRGINIA BEACH

PREP fee QR Code

YG fee QR Code

Youth Group and PREP Registration Part 2

Child's First Name: _____ Last Name: _____

Date of Birth: _____

Has this child been baptized? Yes ___ No ___
Has this child received First Holy Communion? Yes ___ No ___

Family Phone #: _____ Family Email: lolm _____

***Legal Custody Issues:** Are there any custody or legal issues pertaining to guardianship or parental custody for your child? Yes ___ No ___

***Picture Permission:** I give permission for my child's picture to appear on the parish website, bulletin boards, or other publications in relation to evets that happen in the parish. Picture and name of my child will never be posted together. Yes ___ No ___

***Medical Conditions/ Allergies/ Prescribed Medicine-** _____

_____

Medical Liability Waiver: to be completed by a parent/legal guardian

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the minor named in this registration. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Gregory the Great Catholic Church, the Catholic Diocese of Richmond, its employees and agents, or representatives associated with this event from any claim arising from or in connection with my child attending the program or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese. I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, I give permission for the noted emergency contact to be notified. I will not hold St. Gregory the Great Catholic Church and the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Please read the following carefully, then initial to show your understanding and agreement.

In requesting that our child attend Faith Formation classes at St. Gregory the Great Catholic Church:

____ We acknowledge that we are registered members of St. Gregory the Great Church.
____ We acknowledge that we are the primary catechists of our child's faith development.
____ We acknowledge that important information regarding faith formation will be relayed via Flocknote. The family email and phone number listed above will be used for this purpose.
____ We acknowledge that if our child does not attend a Catholic school, they must attend Youth Group or PREP for Faith Formation.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____