

# Faith Formation

## Pre School through 12<sup>th</sup> grade

### Medical Information

To be completed by parent/guardian of minor

Child \_\_\_\_\_  
Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Mother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact if different than above \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Allergies, disabilities, illnesses, or specific needs you would like us to be aware of:

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The information on this form is confidential. We are asking so that we can better ensure the safety and quality of the program for your child. Thank you.

Please contact Charles Catterall at 882-7593 if you have any questions or concerns.

## Liability Release

I do hereby waive, release, absolve, indemnify, and agree to hold harmless St. Pius X Catholic Church, the Baker Diocese of Oregon, the organizers, supervisors, and participants from any claim arising out of an injury to my child during activity during faith formation. Although slight, I do understand the assumed risk in participating in said activity.

Signature \_\_\_\_\_

Date \_\_\_\_\_

