

RE Registration Waivers

The Diocese of Arlington requires the following forms to be filled out to complete your child's registration. Please complete one form per family.

FAMILY NAME: _____

TODAY'S DATE: _____

Child 1

Child 2

Child 3

Child 4

Photo/Press/Audio/Electronic Media Release for Minors

The Diocese of Arlington and any of its schools/parishes and/or the Arlington Catholic Herald ("Diocese") may produce or participate in video and/or audio recording, website or still photographic productions that may involve the use of students' names, likenesses, or voices. Such productions may be used for news stories, illustration, educational, and/or official marketing purposes and may be copied or copyrighted with the Diocese retaining any and all rights to such productions.

Please choose one of the options below after carefully considering your decision regarding the use of your child's name, likeness, and/or voice. This agreement is binding for the period in which the student is enrolled. No adaptations, changes or alterations may be made for the current academic year.

☐ **Image and Audio:** I **DO** authorize the Diocese to use and publish my child's photograph, video and/or audio recording for educational, news stories, illustration and/or marketing purposes.

☐ **Identity:** I **DO** authorize the Diocese to use my child's name identifying them in photographs, videos and/or audio recordings for educational, news stories, illustration and/or marketing purposes.

☐ **I DO NOT AUTHORIZE** the Diocese to use and publish my child's name, photograph, video and/or audio recording for educational, news stories, illustration and/or marketing purposes

Pick-up Authorization

Persons other than parents/guardians who are authorized to pick up the student on a regular basis from Religious Education. (These may include relatives, neighbors, carpool drivers, etc.):

Name _____ Relationship _____

Name _____ Relationship _____

Persons NOT authorized to pick up the student from religious education:

Name _____ Relationship _____

(Note: Please notify the Director of Faith Formation, if you anticipate any issue with unauthorized persons attempting to pick up your child. Do not list a parent or other legal guardian as "NOT authorized" unless a court order or other binding legal document so provides. In that event, please provide a copy of the legal document)

Emergency Contacts

Give the name of 2 adults who can pick up your child in a timely manner, in the event that the parent or guardian cannot be reached.

Name (1)_____ Phone_____ Relationship_____

Name (2)_____ Phone_____ Relationship_____

Medical Information

Child's Name	Allergies and/or Significant Medical Conditions	Student Medications	Date of Last Tetanus Shot

Physician: _____ Physician's Phone: _____

Insurance Company: _____ Policy No: _____

☐ I agree to notify the parish office/Director of Faith Formation within 24 hours if my child or any member of their immediate household has developed a communicable disease.

☐ I agree to notify the parish office/Director of Faith Formation immediately if the disease is life threatening.

☐ I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child (and any siblings).

☐ If a parent/guardian cannot be contacted in a medical emergency, the program director has my permission to call an ambulance and accompany my child to the emergency room of the nearest hospital/urgent care. Additionally, I hereby authorize its medical staff to provide treatment when a physician deems necessary for the well-being of my child.

NOTE: If a child has an epi-pen/inhaler, a parent must wet-sign a letter granting permission for the child to carry/self-administer the epi-pen/inhaler. The epi-pen/inhaler must be in the original container and/or box (with prescription information, including child's name, name of prescriber, and expiration date.)

☐ Yes, my child, _____ has an epi-pen/inhaler, and I will attach a letter of authorization to carry/self-administer this life-saving medication.