



Does your child have any of the following?

Allergies: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Learning or physical disability: \_\_\_\_\_

**ST. ELIZABETH OF HUNGARY CHURCH PERMISSION AND RELEASE OF LIABILITY**

I, \_\_\_\_\_ and \_\_\_\_\_, the parent(s)/legal guardian(s) of \_\_\_\_\_ give my child permission for him/her to attend at St. Elizabeth's Religious Education Program year 2020-2021. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical dental, anesthetic or surgical treatment. I (we) wish to be advised prior to any non-emergency treatment by the hospital or doctor. I (we) agree to pay for any expenses incurred for such treatment.

I(we), individually and in my(our) capacities as parent(s)/legal guardian(s) release, indemnify, and hold harmless the Archbishop of Miami, the Archdiocese of Miami or any parish thereof, its employees, agents, representatives, affiliates, and volunteers from any and all demands, claims, and liability arising out of my child's participation in the program. I(we) hereby waive my claim to a lawsuit against the Archdiocese of Miami or any such persons for any liability arising out of my child's participation in this program.

I understand that during the year, photographs will be taken. I hereby give permission to utilize pictures taken of my child to promote the program.

\_\_\_\_\_  
Father's Signature                      Date

\_\_\_\_\_  
Mother's Signature                      Date

**Please return this form to the Religious Education Office along with the Religious Education Fee and a copy of the Baptism Certificate.**

**E-mail form to: [religioused.ste@att.net](mailto:religioused.ste@att.net) Office: 954-943-6801**

<b>ONE CHILD:</b>	<b>\$85.00</b>	<b>Amount Paid:</b> _____	<b>Date:</b> _____
<b>TWO CHILDREN:</b>	<b>\$125.00</b>	<b>Amount Paid:</b> _____	<b>Date:</b> _____
<b>THREE OR MORE:</b>	<b>\$185.00</b>	<b>Amount Paid:</b> _____	<b>Date:</b> _____

**BAPTISMAL CERTIFICATE                      YES \_\_\_\_\_                      NO \_\_\_\_\_**

Registered by: \_\_\_\_\_  
Notes: \_\_\_\_\_