

**PARENT MEDICAL AND LIABILITY RELEASE STATEMENT,
CODE OF CONDUCT, PHOTO RELEASE, & ONLINE SERVICES**

I.E. ZOOM, GO TO MEETING, SCHOOLLOGY, GOOGLE CLASSROOM, SOCIAL MEDIA ACCOUNT, etc.

**DIOCESE OF SAN BERNARDINO 1201 E. Highland Ave., San Bernardino, Ca 92404-4641 (909) 475-5300
CATHOLIC MUTUAL GROUP 1201 E. Highland Ave., San Bernardino, CA 92404-3972 (909) 886-6001
St. Elizabeth of Hungary Church, 66700 Pierson Blvd., D.H.S., CA 92240 – (760) 251-9268 / 329-8794**

FAITH FORMATION CLASS

PLEASE PRINT

Please check one:

- Adult (18 and older)
 Youth (under 18)

Location: Guadalupe Center Rooms

Phone: (760) 251-9268 **E-mail:** elizabethhungary.church@gmail.com

Date & Time of Activity: **From 9/28/2026 to 5/20/2027,**

Monday & Tuesday @ 7:00 – 8:30 pm, Wednesday & Thursday @ 6:30 – 8:00 pm

Participant's Name: _____ **DOB:** _____ **Grade:** _____ **Yrs. Old:** _____

Parent/Legal Guardian's Name: _____

Home Phone #: _____ **Cell #:** _____ **E-Mail:** _____

Emergency Contact Name: _____ **Phone #:** _____

Family Physician: _____ **Phone #:** _____

Insurance Company: _____ **Policy No:** _____

Allergies/Medical Problems/ Disabilities: _____

Is the participant taking any over the counter or prescriptions drugs? Please list and print clearly
(Use another sheet if necessary) _____

Please list any Allergies to medication or foods _____

I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by: Faith Formation Coordinator, (760) 251-9268 and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. **I agree not to hold, Guadalupe Center & St. Elizabeth of Hungary Church, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.**

I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken and arrangements may be made for immediate removal from the event.

I hereby authorize the making of photographs, motion pictures, videotapes, voice recording, usage of online services Zoom, Google Classroom, and Facebook or other memorializing of the said session and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

By checking this box, I **DO** authorize any photos, videotapes, and voice recordings of my child as well as his/her usage of the online services mentioned above. *Initials of Adult filling out form* _____ *Date* _____

By checking this box, I **DO NOT** authorize any photos, videotapes, and voice recordings of my child as well as his/her usage of the online services mentioned above. *Initials of Adult filling out form* _____ *Date* _____

Parent/ Guardian Signature Required for minors under 18 _____ *Date* _____

Signature of Participant Required (Youth or Adult) _____ *Date* _____

INFORMATION

MEDICAL LIABILITY

CONDUCT

DIGITAL

PERMISSION