

St. Andrew Catholic Church

626 Market St, Pleasanton, TX 78064
re@standrewpleasanton.org
(830) 569-3356

Religious Education Registration (2024-2025)

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____

Father: _____ Father's Email: _____

Mother: _____ Mother's Email: _____

Mother's Maiden Name: _____ **Emergency Contact:** _____

Home Phone: _____ Emergency Phone: _____

Home Address: _____

City, State, ZIP: _____ Are you registered with St. Andrew Parish? Yes No

Father's Cell / Work: _____ Father's Religion: _____

Mother's Cell / Work: _____ Mother's Religion: _____

STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes No

Gender: Male Female

Sacrament Details: Check & Date Below (as applicable)

Birth Date: _____ Baptism: _____

Grade: _____ Eucharist: _____

Session: _____ Reconciliation: _____

Class: _____ Confirmation: _____

Special Needs? (Medical, Learning Disabilities, Physical Disabilities, etc.) _____

Does the child live with both parents? Yes No

ADDITIONAL STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes No

Gender: Male Female

Sacrament Details: Check & Date Below (as applicable)

Birth Date: _____ Baptism: _____

Grade: _____ Eucharist: _____

Session: _____ Reconciliation: _____

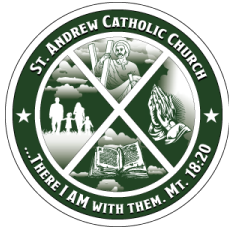
Class: _____ Confirmation: _____

Special Needs? (Medical, Learning Disabilities, Physical Disabilities, etc.) _____

Does the child live with both parents? Yes No

Note: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Receipt # _____ Tuition DUE \$ _____ Tuition PAID \$ _____ Signature: _____



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ADDITIONAL STUDENT INFORMATION

Student Name: _____ Catholic? Yes No

Gender: Male Female

Sacrament Details: Check & Date Below (as applicable)

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation: _____

Class: _____

Confirmation: _____

Special Needs? (Medical, Learning Disabilities, Physical Disabilities, etc.) _____

Does the child live with both parents? Yes No

ADDITIONAL STUDENT INFORMATION

Student Name: _____ Catholic? Yes No

Gender: Male Female

Sacrament Details: Check & Date Below (as applicable)

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation: _____

Class: _____

Confirmation: _____

Special Needs? (Medical, Learning Disabilities, Physical Disabilities, etc.) _____

Does the child live with both parents? Yes No

ADDITIONAL STUDENT INFORMATION

Student Name: _____ Catholic? Yes No

Gender: Male Female

Sacrament Details: Check & Date Below (as applicable)

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation: _____

Class: _____

Confirmation: _____

Special Needs? (Medical, Learning Disabilities, Physical Disabilities, etc.) _____

Does the child live with both parents? Yes No

Name of Participant(s): _____

First & Last Names of Father/Mother/Guardian: _____

1. INDEMNITY, I INDIVIDUALLY AND IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, UNCONDITIONALLY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE CHURCH PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, LOSSES, JUDGEMENTS, DAMAGES, DEMANDS, COSTS AND EXPENSES OF ANY KIND OR NATURE WHATSOEVER, EITHER IN LAW OR IN EQUITY, (INCLUDING, WITHOUT LIMITATION, COURT COSTS AND ATTORNEY’S FEES) INCURRED BY ANY OF THE CHURCH PARTIES RESULTING OR ARISING FROM (I) PARTICIPANT’S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR’S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY, INCLUDING, WITHOUT LIMITATION, THE DEATH OR BODILY INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT’S PERSONAL PROPERTY THAT MAY RESULT FROM (I) PARTICIPANT’S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR’S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY, WHETHER CAUSED BY OR CONTRIBUTED BY THE NEGLIGENCE OF ANY OF THE CHURCH PARTIES OR OTHERWISE, **(Initials)** _____

2. Medical Authorization. In the event of any injury or illness of Participant during the Activity, I hereby authorize and consent to the transportation of Participant to the nearest medical or dental facility, and, should the need arise, I hereby further authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment in the discretion of the attending physician or dentist. I understand that I am giving this authorization in advance of any specific diagnosis, treatment or hospital care being required and I am providing this authorization to give authority and power to render any care which the medical provider and/or dental provider deems advisable. None of the foregoing medical or dental treatments shall be withheld if I cannot be reached prior to the administration of such medical and/or dental treatments. I hereby agree that I shall be solely responsible for the payment of any and all costs for such medical and/or dental treatment of Participant, and in no event shall any if the Church Parties be required to pay for any such costs or expenses. **I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, HEREBY, RELEASE, WAIVE, AND FOREVER DISCHARGE THE CHURCH PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, LOSSES, JUDGEMENTS, DAMAGES, COSTS, EXPENSES, AND DEMANDS OF ANY KIND OR NATURE WHATSOEVER, EITHER IN LAW OR IN EQUITY, RESULTING OR ARISING FROM ANY SUCH MEDICAL OR DENTAL TREATMENT RENDERED TO PARTICIPANT (Initials)** _____

3. Photo/Video Consent and Release. I hereby authorize Sponsor and the Archdiocese to take photographs, recordings, and/or Videos (whatever electronic, digital or otherwise) of Participant in connection with the Activity, and I hereby consent to the use, reproduction, and publication of such images by Sponsor and the Archdiocese in connection with the promotion and publicity of the activities of Sponsor and the Archdiocese, including, without limitation, publication of such images on Sponsor’s website. I, individually and in my capacity as parent/legal guardian of Participant, hereby waive any right to inspect or approve the actual use by Sponsor or the Archdiocese of any such image of Participant. Such images of Participant shall be the sole property of Sponsor, and I, individually and in my capacity as parent/legal guardian of Participant, acknowledge and agree that neither I nor Participant shall be entitled to any compensation whatsoever should any such images of Participant be used by Sponsor or the Archdiocese. **(Initials)** _____

4. COVENANT NOT TO SUE, I HEREBBY ACKNOWLEDGE AND AGREE THAT I, INDIVIDUALLY OR IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OR PARTICIPANT, WILL NOT INSTITUTE ANY SUIT OR ACTION AT LAW, OR OTHERWISE, AGAINST ANY OF THE CHURCH PARTIES OR INITIATE OR ASSIST IN THE PROSECUTION OF ANY CLAIM FOR DAMAGES, OR CAUSES OR ACTION, WHICH I, INDIVIDUALLY AND/OR IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, MAY HAVE BY REASON OF INJURY OR DEATH TO PARTICIPANT OR DAMAGE TO PARTICIPANT’S PERSONAL PROPERTY RESULTING OR ARISING FROM PARTICIPANT’S PARTICIPATION IN THE ACTIVITY OR SPONSOR’S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY. **(Initials)** _____

I COVENANT, CERTIFY AND REPRESENT TO SPONSOR THAT I AM THE PARENT/LEGAL GUARDIAN OF PARTICIPANT AND THAT I HAVE FULL LEGAL AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF PARTICIPANT. I HAVE (I) FULLY READ THIS AGREEMENT, (II) FULLY UNDERSTAND ITS TERMS, AND (III) AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS CONTAINED HEREIN. I UNDERSTAND THAT I, ON MY OWN BEHALF AND ON BEHALF OF PARTICIPANT, HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING THIS AGREEMENT. I, INDIVIDUALLY AND IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, SIGNED THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME BY ANY OF THE CHURCH PARTIES. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE BY ME AND PARTICIPANT OF ALL LIABILITY AGAINST THE CHURCH PARTIES TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW.

Signature of Participant’s Parent/Legal Guardian

Date:

Printed Name of Participant’s Parent/Legal Guardian