

**MARTIAL ARTS PROGRAM**  
**ST. JOHN THE EVANGELIST CHURCH**

**REGISTRATION FORM**

**PARTICIPANT INFORMATION**

#1 FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_ DOB \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ TOWN and ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

REGISTERED MEMBER OF ST. JOHN'S PARISH  yes  no

IF NO, Is your family registered in another parish?  yes  no Name of Other Parish: \_\_\_\_\_

.....  
#2 FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_ DOB \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ TOWN and ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

REGISTERED MEMBER OF ST. JOHN'S PARISH  yes  no

IF NO, Is your family registered in another parish?  yes  no Name of Other Parish: \_\_\_\_\_

.....  
#3 FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_ DOB \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ TOWN and ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

REGISTERED MEMBER OF ST. JOHN'S PARISH  yes  no

IF NO, Is your family registered in another parish?  yes  no Name of Other Parish: \_\_\_\_\_

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**FAMILY CONTACT INFORMATION**

FATHER'S NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

GUARDIAN NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

(If parent cannot be reached for an emergency/class cancellation)

PARENT EMAIL \_\_\_\_\_

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# CODE OF CONDUCT FOR MINOR CHILDREN INVOLVED IN PARISH PROGRAMS

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- The purchase, possession or consumption/use of alcoholic beverages or other illegal drugs will not be tolerated. Failure to comply will result in **immediate dismissal** from the event. This policy also applies to adult volunteers and chaperones.
- Minors will not be allowed to smoke cigarettes or to use tobacco products, including chewing tobacco.
- Participants are expected to obey the directions of adults in charge (catechists, youth group leaders, chaperones).
- Participants are representing their parish community. Appropriate behavior and language are expected.
- No dangerous or rough play will be tolerated.
- Final decisions regarding acceptable behavior/consequences are the decision of the staff person in charge.

In general, if the behavior of a minor child results in his/her dismissal from the program, it is the responsibility of the parents/legal guardians to provide, at their own expense, transportation for the dismissed child. If a child is dismissed from an off site event and an adult chaperone must accompany the child home, the parents/legal guardian are responsible for any related expenses.

*In signing this Code of Conduct form, I hereby certify that I have read, understand, and will comply with the Code and, furthermore, I have reviewed the Code of Conduct with my child(ren).*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participating Youth \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participating Youth \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participating Youth \_\_\_\_\_ Date \_\_\_\_\_

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## DISMISSAL RELEASE FORM

I, \_\_\_\_\_ will pick up my children \_\_\_\_\_ from Youth Ministry Program. In the event I cannot pick up my child (ren) from Youth Ministry Program, I authorize the catechist/group leader to release my child (ren) to the following adults (Please remember to include the other parent/step-parent if appropriate): **Photo ID maybe required.**

Names \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian completing this form                      Phone number                      Date

<OVER>

Catholic Diocese  
11150 Buffalo Road  
Rochester, NY 14624

# Photo Release

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parish: St. John the Evangelist Spencerport

I hereby consent to and authorize the use and reproduction by the parish, or anyone authorized by the parish, of any and all photography, still or in motion, and/or all audio recordings in which this student appears.

I acknowledge that we will not be paid compensation for any reproduction of these materials. All negatives, prints, and audiotapes are property of St. John the Evangelist, Spencerport.

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Since the student is underage consent must be given by a parent or guardian as follows:

I hereby certify that I am the parent or guardian of the child/children named above, and I give my consent without reservation.

\_\_\_\_\_  
Signature of Parent or guardian

\_\_\_\_\_  
Date

OR

I hereby certify that I am the parent or guardian of the child/children named above, and I do not give my consent.

\_\_\_\_\_  
Signature of Parent or guardian

\_\_\_\_\_  
Date

**St. John the Evangelist Spencerport**

55 Martha St. Spencerport New York 14559

(585)352-5481

**PARTICIPANT AGREEMENT, LIABILITY RELEASE AND  
ACKNOWLEDGMENT OF INHERENT RISKS**

In consideration of the services of **St. John the Evangelist Spencerport**, directors, officers, shareholders, employees, agents, volunteers and all other persons or entities acting in any capacity on its behalf (hereinafter "**St. John the Evangelist Spencerport**"), I hereby agree to release and discharge **St. John the Evangelist Spencerport**, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows: I acknowledge martial arts and fitness entails known and inherent risks, as well as unknown/unanticipated risks which could result in **physical, mental or emotional injury or trauma, paralysis, death or damage to myself, third parties and my own or others' property**. I understand such risks cannot be eliminated without jeopardizing the essential qualities of this activity. **These risks include but are not limited to:** 1) overexertion and dehydration 2) injury to a participant's finger, hand, arm and other extremities 3) muscular or skeletal injury, dislocation, sprain or 4) my own physical condition and acts or omissions, including my level of martial arts training/experience and expertise.

1. I expressly agree and promise to accept and assume all of the risks existing in martial arts, including but not limited to those listed above. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

2. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless **St. John the Evangelist Spencerport** from any and all claims, demands or causes of action which are in any way connected with my participation in this activity.

3. Should **St. John the Evangelist Spencerport** or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

4. I certify that I have sufficient insurance to cover injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. **I further certify that I have no medical or physical conditions which could interfere with my safety in this activity**, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such conditions.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF I AM HURT OR ANY PROPERTY IS DAMAGED DURING MY PARTICIPATION IN THIS ACTIVITY, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO MAINTAIN A LAWSUIT AGAINST **St. John the Evangelist Spencerport**. ON THE BASIS OF ANY CLAIM FROM WHICH I HAVE RELEASED IT HEREIN. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Print name of participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Date \_\_\_\_\_

Print name of parent/guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date \_\_\_\_\_