



**Grade School Program (Rising 1 – 6) – June 8 – 12, 9 am – 2:30 pm (children bring their lunch)**

**Middle School & High School Program (Rising 7 – 12) – June 7 – 11, 7:30 pm – 9:45 pm (snacks provided)**

Supervised by: Barbara Eretto & Erika Warning-Meyer

**Family Name:** \_\_\_\_\_

**Parent Names:** \_\_\_\_\_

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

**Home parish name & city:** \_\_\_\_\_

**Number of children attending:** \_\_\_\_\_

**Children attending**

_____	_____	_____	M	F
Name	Grade Entering	Date of Birth	Gender	
_____	_____	_____	M	F
Name	Grade Entering	Date of Birth	Gender	
_____	_____	_____	M	F
Name	Grade Entering	Date of Birth	Gender	
_____	_____	_____	M	F
Name	Grade Entering	Date of Birth	Gender	

I give permission for my child to participate in the above named event. My signature below indicates that I understand the risks and hazards associated with this event, including injury, illness and the rare possibility of death. I understand that I may discuss any concerns or questions I have about this event with a representative of the parish or Diocese of Superior prior to giving permission for my child to participate.

In consideration for my child’s participation, I agree to reimburse and indemnify the above named parish and the Diocese of Superior for all reasonable legal and court fees incurred by the parish/diocese in defending a lawsuit that I or my child may bring against the parish/diocese which relates to the above named event if the parish/diocese is found not legally liable by the courts and prevails in the lawsuit. If the parish/diocese is found legally liable for any injuries sustained by my child, this paragraph will not apply. I further agree to reimburse the diocese or any other agency for property damage or any bodily harm to other participants caused by my child.

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Phone** \_\_\_\_\_

Home

Work

Cell

**Parent’s email address:** \_\_\_\_\_



**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Child’s primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health system & location: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

**A MEDICATION CONSENT FORM MUST BE COMPLETED AND THE PRODUCT SUPPLIED FOR EACH MEDICATION YOUR CHILD WILL NEED TO TAKE DURING THIS EVENT. ASK THE EVENT ORGANIZER FOR THIS FORM.**

**Please return form to Parish Office**

**Nativity of Our Lord, 110 Conro Street, Rhinelander, WI 54501 Attn: Barbara Eretto**

**For information on volunteering please go to [www.nativityorourlord.net](http://www.nativityorourlord.net)  
or call the parish office at 715-362-3169.**

Diocese of Superior  
Youth Image and Recording Release Form

The Diocese of Superior and its affiliated parishes and schools may wish to use an image and/or recording of your child in print and electronic publicity and virtual education. It is the practice of the Diocese of Superior to protect all children at all times including the public use of their image and/or recording. This document has been developed to inform parents and guardians of their right to grant or refuse permission for their child's image and/or likeness to be used in Diocesan and affiliated parish and school media, promotional materials, and virtual education.

Permission to use any video recording, photograph, slide, audio recording, or any other visual or audio reproduction in which your child may appear may include promotional and educational activities such as, but not limited to, websites, social media sites, newsprint, flyers or brochures, virtual classroom. We reserve the right to determine which image and/or recording is used and how long it will remain on the site or is used in media materials.

Diocesan Department, Parish or School Initiating this form: Nativity of Our Lord, Rhinelander, WI

Contact person: Erika Warning-Meyer

Phone: 715-362-3169

Email: ewarningmeyer@nativity.me

Parents and Guardians:

Please carefully read the statements below. Indicate your permission or refusal of permission by signing and dating the appropriate statement.

[ ] YES, I give permission to the Diocese of Superior and affiliated parishes and schools to use my child's image and/or recording for above-said use.

Child's name \_\_\_\_\_  
Child's name \_\_\_\_\_  
Child's name \_\_\_\_\_

I understand that both print and electronic media have a large audience and that my child(ren)'s photographic image and/or recording may have wide distribution.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

[ ] NO, I DO NOT give permission to the Diocese of Superior and affiliated parishes and schools to use my child's image and/or recording for above-said use.

Child's name \_\_\_\_\_  
Child's name \_\_\_\_\_  
Child's name \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

Erika Warning-Meyer at ewarningmeyer@nativity.me

PLEASE RETURN THIS ENTIRE FORM TO THE CONTACT PERSON LISTED ABOVE.