

RISEN SAVIOR CATHOLIC CHURCH

PARENT'S NIGHT OUT!

Friday, November , 2025

6:00 PM - 9:00 PM



Please fill out this form,
save it to your device and
email a copy to
tcharlton@risensaviorcc.org
OR drop off a copy at the
parish office.

REGISTRATION DEADLINE: NOVEMBER 7, 2025

Name of Child: _____ Age: _____

Name of Parent/Guardian: _____

Primary Telephone Number: _____

Primary Email Address: _____

Secondary Name of Parent/Guardian: _____

Secondary Telephone Number: _____

Secondary Email Address: _____

In case of an emergency, a parent/guardian is contacted first. If unable to reach parent/guardian, please contact:

First Name: _____ Phone: _____ Relationship: _____

I WILL

I WILL NOT allow my child to watch a PG rated movie.

Parent Signature: _____

Signature

Parent/Guardian Permission Form
Medical Questionnaire /Medical Authorization/Indemnity Agreement

Sponsor of Program: Risen Savior Catholic Church
Program/Activity: Parent's Night Out
Date of Program/Activity: November 14, 2025 6:00PM-9:00PM
Place of Program/Activity: Risen Savior Catholic Church Campus

The undersigned, as parent or legal guardian of _____, does hereby give permission for the above named individual to attend the described program/activity. As parent and/or legal guardian of the above named individual, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Risen Savior Catholic Community, its officers, directors, employees and agents, and the Archdiocese of Santa Fe, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Santa Fe, its employees and agents and chaperones, or representative associated with the event for reasonable attorneys' fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Archdiocese of Santa Fe.

It is possible that at times leadership team members may take **photographs or videos** of events in which your child may be participating. By signing this you acknowledge that your child may be photographed during the course of their participation and those photographs may be **used/published** for church purposes.

I hereby authorize the Supervisor of the activity or his/her designee to act in my behalf to authorize such medical attention, surgery, or other health care services, as may be recommended in an emergency situation while participating in the activity. If the below named physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

Medical Questionnaire:

Hospital Preference: _____

Does your child have any physical, mental, or emotional concerns that we need to be aware of? If yes, explain.

Is your child allergic to any food or medicines? No Yes If yes, what: _____

Does this child have any special needs? No Yes If yes, what: _____

Does this child have difficulties with any of the following? (If so, please explain):

Asthma	ADD	Autism	Hyperactivity	Eyesight	Reading
Writing	Speaking	Hearing			

Other Notes: _____

Please list any medications your child is taking: _____

I have read and completed the above information and certify that I have disclosed all medical information regarding my child.

Signature _____ Date _____

Parent/Guardian

Home

Work

Cell