Beloved Disciple Catholic Parish

2026-2027 ADULT Faith Formation

Registration and Confidential Release Form

Adult-Only **classes begin Tuesday October 6th meet twice per month 5:30-7:00 PM in GC, and includes dinner**

Leaders: Deacon Owen & Victoria Wagner and Pat Polesnak

Topics: Sacraments and the Mass

General Information:

Household Last Name: _____

Household address: _____

_____

Name(s) of participants: _____

Home phone: _____ cell phone: _____

Email (used for changes or cancellations):_____

In case of emergency:

Name_____ Phone: _____

Name_____ Phone: _____

Please complete both sides of form

ADULT

FAITH FORMATION CONFIDENTIAL RELEASE FORM

2026-2027

Completed form must be turned in upon registration or before classes begin.
This form remains on record for one year.

Household Name_____

Family Physician _____
Phone_____
Health Care Ins. Co. _____**Policy #**_____ **Group#** _____

Photographic Images: I (we) may be photographed

We periodically take photos during Faith Formation that might be shared publicity via newsletter, church bulletin(s), brochures, etc. Permission is given here for me (us) to be photographed for program purposes which may also include the parish website and/or social media sites. Photography may be used during Faith Formation sessions, classroom projects, group pictures at liturgies, and/or other parish religious education events.

yes __ no ___ INITIAL HERE _____

Medical Authorization

In the event of an emergency injury or illness to me (us) during Faith Formation sessions, and if the emergency contacts cannot be reached, I/we hereby give my/our permission to Victoria Wagner, or supervising adult from the parish, for the necessary emergency treatment to be given to me/us. I/we and respective legal representatives, so hereby indemnify and hold harmless any employee or representative of Beloved Disciple Catholic Parish and the above named supervising adult(s) from the parish from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/we agree that in case of injury to me/us, I(we) will apply my/our hospitalization and/or accident insurance toward the payment of the expenses incurred.

INITIAL HERE _____

Indemnification

I/we hereby release and save harmless Beloved Disciple Catholic Parish, their agents, successors, legal representatives and any and all of its employees from any and all liability for any and all harm arising to me/us as a result of my/our participation in the Faith Formation Program.

INITIAL HERE _____

Adult Health Information

Participant Name

_____

_____

Participant Name

_____

_____

FOOD ALLERGIES:

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_____

_____

ENVIRONMENTAL ALLERGIES:

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