2026-2027

K-12 ST. GEORGE FAITH FORMATION CLASS REGISTRATION

Registration Fees: $25.00 – for 1 Child | $40.00 for 2 Children | $50.00 for 3 Children or More

Checks should be made payable to: St. George Catholic Church

Student Full Name: _____ **Parish Member? Y/N:** _____

Primary Address: _____ City:_____ Zip:_____
(Street) (apt.)

Primary Contact Info: (____)_____-_____ (____)_____-_____
(Home Phone) (Cell/Other)

Primary E-mail Address _____

Father/Guardian: _____ _____ ____ (____)_____-_____
(Last) (First) (MI) (Phone)

Mother/Guardian: _____ _____ _____ ____
(Last) (First) (Maiden) (MI)

(____)_____-_____
(Phone)

Emergency Contact Information

_____ _____ _____ (____)_____-_____
(Last) (First) (Relationship) (Phone)

_____ _____ _____ (____)_____-_____
(Last) (First) (Relationship) (Phone)

Student's Name Last First MI			Gender M/F	Birth Date MM/DD/YY	Place of Birth City, State Country	Grade K-12

Sacrament	Received Yes or No	Sacrament Date MM/DD/YY	Church	City, State	For office use Verification
Baptism					
First Penance					
First Eucharist					
Confirmation					

Office Use Only:

Check#: _____ **Cash:**_____ **Total:**_____ **Date:**_____ **Initials:**_____

DIOCESE OF
CORPUS CHRISTI

PARENT/GUARDIAN PERMISSION & LIABILITY WAIVER

Child's name: _____ Birth date: _____

Parish/School: _____

Parent/Guardian's name: _____

Home address: _____

Cell phone: _____ Student cell phone: _____

I, _____ grant permission for my child, _____
PARENT/GUARDIAN NAME **CHILD'S NAME**

to participate in the following ACTIVITY: Faith Formation/Youth Night

Date and Place: 2026-2027 Faith Formation/Youth Night Calandar St. George

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I would like my CHILD to participate in the above-named ACTIVITY.

In exchange, and for said consideration, as parent or legal guardian, I agree to defend and fully indemnify the above-named PARISH/SCHOOL and Diocese against any claim which results from the intentional or negligent actions taken of my CHILD during the above-named ACTIVITY. I further agree to fully indemnify and hold harmless the PARISH/SCHOOL and Diocese against any claim or cause of action whatsoever brought by my CHILD or his/her parent/legal guardian against the PARISH/SCHOOL which arose out of the above identified ACTIVITY, regardless of whether such claim results from the negligence of the PARISH/SCHOOL, its employees or volunteers or the negligence of individuals or companies not a party to this agreement.

Further, for said consideration, I hereby release and discharge the Diocese, its agents, servants, and employees, including the PARISH/SCHOOL, their employee(s), agents and representatives (parties being released) of and from all claims, demands, causes of action, and expenses arising out of or in any way connected with the employee of the PARISH/School.

I certify that I understand this agreement and the risks and hazards associated with the ACTIVITY described above that my CHILD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the activity or this agreement that I may have had.

PHOTO/VIDEO CONSENT: As a parent/guardian, I understand that photos/video of my child may be taken during this activity. I give permission for the taking of my child's photo or video and for use of the resulting images and video for promotional purposes of the Diocese. This may include the right to use them in print, online, in social media, and in press releases.

Signature: _____ Date: _____