

ST. GREGORY PARISH

FREE



Registration Form

~One per child~

Sunday, Dec. 1, 2024

11:00 cake after Mass

11:00 — 12:30 pm Program

3yrs - 10yrs & Families

at St. Gregory Church & Center

Mail to or drop off at:

PO Box 199, 212 Church St.

St. Nazianz, WI 54232

Email: sgparishoffice@gmail.com

920-773-2511

Must be accompanied by an adult.

Sponsored by St. G. Caring Hearts & Hands

Child's name _____ Child's gender _____

Child's age _____ Date of Birth _____ Current school grade _____

Name of parent (s) _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell _____

E-mail _____

Home parish _____

PHOTO RELEASE

During St. Gregory's Church event, St. Gregory may reproduce or participate in photography productions that involve the use of students, names or likenesses. Such production may be useful for educational or exhibition purposes by St. Gregory Church and may be copied, copyrighted, edited and distributed by St. Gregory Church. News media may be permitted on school and parish property and may take pictures that may include your child. These items may appear or be used in news features.

You have the right to object to both the use of your child's name, and/or picture. You may object by completing the form below.

I, _____ hereby request that St. Gregory Church **do not use pictures or names of my child/children** for news releases or promotional activities. This request will be valid during St. Gregory's Church event.

Child/Children's Names _____

Parent Signature _____

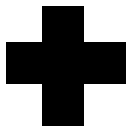
HOLD HARMLESS

I agree to indemnify and hold harmless St. Gregory Parish and Community Center from all loss, damages, liability or claims arising out of my name or use of the premise of the school/parish. I also agree to handle, respond to, investigate and defend any claim or alleged claim made against St. Gregory Parish or Community Center arising out of my contact, while bearing all other costs and expenses related thereto. I also agree to respect the grounds in which this event is taking place.

Child's name _____

Parent's Signature _____

Date _____



Allergies or other medical conditions: _____

In case of emergency contact: _____

Telephone: _____

Relationship to Child: _____