



Registration Form

(One Per Child)

July 8 - 12, 2019
8:45 am - 12:00 pm

Child's Name: _____ Child's Gender: _____

Child's age: _____ Date of birth: _____ Grade for '18-'19 school year: _____

Name of parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/caregiver's cell: (____) _____ Email: _____

Allergies or other medical conditions: _____

In case of an emergency contact: _____

Phone: _____ Relationship to child: _____

T-Shirt Size: _____ Crew number or name (for church use only): _____

Permission to Photograph

I, _____, grant Cathedral of the Sacred Heart permission to use
(Print Parent/Guardian name)

photographs of my child, _____, in its publications (Flocknotes, weekly
(Print Child's Name)

emails, worship bulletins, etc.), including website entries.

Parent/Guardian Signature: _____ Date: _____

(Your typed name constitutes your authorization)