



# Registration Form for children for the Eucharistic Congress

*Drop off children no earlier than  
12:20 pm (after Mass) and  
pick up 4:00pm in designated  
children's area.*

Please check one below:

- Track I grades K - 2
- Track II grades 3—6

Registration is \$ 5.00 per child before March 9.

After March 9, \$ 15 per child, if space is available. Includes materials and snack.

Name of Child: \_\_\_\_\_ Child's Grade \_\_\_\_\_ Child's Age \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Additional comments regarding allergies, medications or other information that might be helpful for us to know: \_\_\_\_\_

Name of someone onsite (parent, guardian, etc.): \_\_\_\_\_

Cell phone: \_\_\_\_\_ Phone should be active onsite

Name of someone onsite (parent, guardian, etc.): \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Phone should be **active** while onsite

In the event of an emergency, please contact the person(s) named below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Children's Track Guidelines:**

1. No outside food, cell phones, toys are allowed in the tracks.
2. Children who misbehave will be taken to the registration table and must be picked up there in a timely manner.
3. Parents **MUST** pick children up in a timely manner.
4. Parents are responsible for administering medications to their child.
5. Only registered children and assigned volunteers are allowed in the children's track rooms. Parents should be attending sessions geared for them.



## Permission to Participate

I request that my child, \_\_\_\_\_, be allowed to participate in the Children’s Track of the 2018 Eucharistic Congress. I grant permission for the Diocesan employees or volunteers to administer first aid and to seek emergency medical treatment in the event that such treatment is deemed necessary. I grant my permission to those administering medical treatment to do so. I release and hold harmless the Diocese of St. Augustine, Bishop Felipe J. Estévez, S.T.D., as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T.D., individually, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child’s parents, personal representatives, assigns, heirs and next of kin.

\_\_\_\_\_  
 (Parent/Guardian/Representative Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Printed Name of Parent/Guardian/Representative)

## Child Photography Release Form

Without compensation I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs and/or video of my child taken during the 2014 Eucharistic Congress. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

\_\_\_\_\_  
 (Parent/Guardian/Representative Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Printed Name of Parent/Guardian/Representative)

I do **not** grant the above Photography release.

**Please return one form for each child being registered along with fees to:**

Eucharistic Congress — The Catholic Center  
 11625 Old St. Augustine Rd  
 Jacksonville, FL 32258

**For payments using Credit Card or PayPal visit:**

<https://form.jotform.com/cformation/EC2018>