

Saint Jerome Catholic Church

5550 Thornburn Street, Los Angeles, CA 90045

Edge Middle School Ministry

Student First and Last Name: _____ M F

Date of Birth: _____ City of Birth: _____

Baptism Date: _____ Parish Name: _____

1st Communion Date: _____ Parish Name: _____

Home Address: _____

Mother's/Guardian Full Name: _____

Mother's/Guardian Cell Phone: _____

Mother's/Guardian Email: _____

Father's/Guardian Full Name: _____

Father's/Guardian Cell Phone: _____

Father's/Guardian Email Address: _____

Emergency Contact: _____ Phone Number: _____

T-Shirt Size: _____ School: _____ Grade _____

After school activities: _____

Health Conditions/Allergies: _____

I wish to receive email and/or text message updates/reminders from St Jerome Parish and the **Edge** Program using www.flocknote.com

Text Only Email Only Both Text and Email

Signature: _____

Office use only: Total Cost: \$25 Name of Cashier: _____

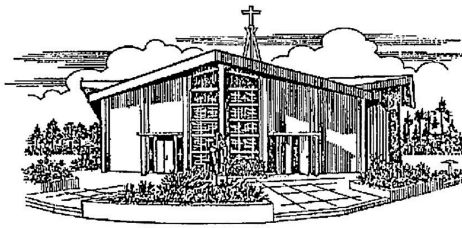
Cash Check CC Full Amount Deposit Other

If I fail to make a payment, I agree to pay a late fee of \$5.

If I pay by Credit Card, I agree to a 3% convenience fee, if I pay by check, I agree to pay a \$25 returned check fee if any of my checks are returned by the bank.

Customer signature: _____

**By signing you agree to these terms as stated above



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What is the last year of Religious Education your child has attended?

Living Arrangements: With both Parents / With Father / With Mother /
With Guardian /

Are there any custody issues or a restraining order in place? Yes No

If “yes”, enclose a copy of the most recent applicable court order(s).

Given the nature of the program, does your child or youth have any physical, mental, emotional, cognitive, or other limitations or restrictions that would require the parish to make a minor adjustment to enable your child or youth to participate? Yes No

If “yes”, what type of restriction does your child or youth have or what adjustment(s) will be needed

Information Consent:

_____ I give permission to Saint Jerome Church to release MY CHILD’S contact information to receive text/email communication for use through Flocknote.

_____ I do NOT give permission to Saint Jerome Church to release MY CHILD’S contact information to receive text/email communication for use through Flocknote.

Parent/Guardian Name(Printed)

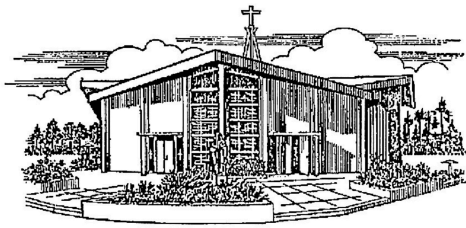
Parent/Guardian Signature

Date

Child’s Cell Phone Number

(Leave blank if not applicable)

Child’s Email Address



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Minor Permission and Waiver Form

Event/Program: Edge Middle School Ministry

Location: Saint Jerome Parish Hall

Date: September 2020-May 2021

Drop-Off/Pick-Off: Saint Jerome Parish Hall

Important Information:

Participant Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Other Emergency Contact: _____

Relationship to Participant: _____ Phone: _____

Family Physician: _____ Phone: _____

Insurance: _____ Policy Number: _____

Allergies/Medical Issues/Special Needs: _____

I, the Parent/Guardian of the above named child, hereby give my permission for his/her participation in the youth activities named above. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or archdiocesan personnel responsible for youth activities.

As a condition of my child being allowed to do so, through this document, I hereby release and discharge the Archdiocese of Los Angeles, its constituent organizations including but not limited to The Roman Catholic Archbishop of Los Angeles, a Corporation Sole, St. Jerome Parish Community, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by negligence, (active or passive), of any of the entities, or individuals named or described above.

I give permission to the youth activities supervisory personnel then present to seek medical treatment should it be necessary for my son/daughter and to authorize any and all appropriate tests and treatment deemed necessary by the attending physician in the case of a medical emergency. This authority is granted only after a reasonable effort has been made to reach me. I, hereby, authorize the making of photographs, videotapes, recordings, or other memorializing of said event. I, hereby, waive any right to compensation.

Parent/Guardian Name(Printed)

Parent/Guardian Signature

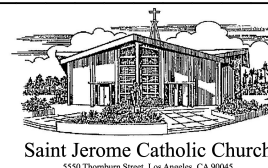
Date

Parent/Guardian Authorization to use Child's image, name, voice, and/or work for non-commercial purposes

This section is to be completed by Archdiocese/School/Parish

Archdiocese/School/Parish: Saint Jerome Catholic Church

Class/Activity: Edge Middle School Ministry



The Archdiocese/School/Parish intends to use your child's image, name, voice, and/or work for the following non-commercial purposes (describe class/activity, date(s) if applicable): In the Bulletin or on the Website

The following person(s)/entity not connected to the Archdiocese/School/Parish will be involved in the class/activity: N/A

This section is to be completed by Parent/Guardian:

I, _____, am the parent or legal guardian of _____ (child's name), a minor (age: ____). I hereby authorize the Archdiocese/School/Parish to use the following personal information about my child:

Please initial the applicable boxes

Image/Visual Likeness: Yes No Voice: Yes No
Name: Yes No Work: Yes No

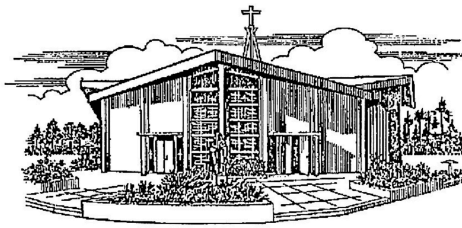
I understand and agree that my child's image, name, voice, and/or work (the "Personal Information") will be used for the particular reasons identified above. I further understand and agree that the Archdiocese/School/Parish may use the Personal Information for other non-commercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that the Personal Information, photographs, or electronic recordings of my child may be copied, edited, and distributed by the Archdiocese/School/Parish in publications, catalogues, brochures, books, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed (the "Materials"). The Archdiocese/School/Parish may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Archdiocese/School/Parish will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church. I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. While the Archdiocese/School/Parish will take care to maintain the particular intents and purposes of the photographs or electronic recordings, editing may be necessary to obtain the best results. I release and discharge the Archdiocese/School/Parish and its employees and agents from any liability that may arise out of the making or editing of the photographs or electronic recordings, including but not limited to, distortion, blurring, alteration, optical, or auditory illusion or use in a composite form. In exchange for the Archdiocese/School/Parish's giving my child an opportunity to participate in the class/activity, I hereby agree that neither I, nor my child, will receive monetary compensation, royalties, or credit for use of the photographs or electronic recordings by the Archdiocese/School/Parish. I understand and agree that the Archdiocese/School/Parish shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Archdiocese/School/Parish intends to use the Materials for a commercial purpose, I will be provided at the time with information about the terms of the commercial use. I hereby waive, release, and forever discharge any and all claims, demands, or causes of action against the Archdiocese/School/Parish and its employees, agents, contractors, and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage. I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Archdiocese/School/Parish. However, my new authorization will not have the effect of revoking this Authorization, and the Archdiocese/School/Parish will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents, and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: _____ Date: _____

Print Name: _____ Relationship to Child: _____

Address: _____ Telephone: _____



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Dear Parents and Guardians,

We, at Saint Jerome Edge Program, care about the safety and well-being of the children that you have entrusted into our care. An important part of our commitment is to be in compliance with the United States Conference of Catholic Bishops' (USCCB) "*Charter for the Protection of Children and Young People*" which requires that each diocese must establish and maintain a Safe Environment Program for children and youth.

The Archdiocese of Los Angeles has adopted the ***Virtus® Teaching Touching Safety Program for Children*** as the safety program that teaches children and young people the "five basic safety rules" to help keep them safe from child sexual abuse. This also addresses topics such as boundaries, bullying, and computer and Internet safety.

We are please to offer this program to the children in the Edge Program at Saint Jerome. The topic for the Teaching Touching Safety Program changes yearly on a three year cycle. There will be a special meeting for parents and guardians to review this year's topic as well as to receive important resources. You are encouraged to attend so that you will have the tools you need to reinforce your child's learning experience. This meeting's date and time will be announced when finalized.

Thank you,

Lara Ratleff
Youth Coordinator

Hannah Madril
Youth Ministry Assistant

_____ I give my child permission to participate in the Virtus Program.

_____ I do NOT give my child permission to participate in the Virtus Program.

Parent/Guardian Name(Printed)

Parent/Guardian Signature

Date