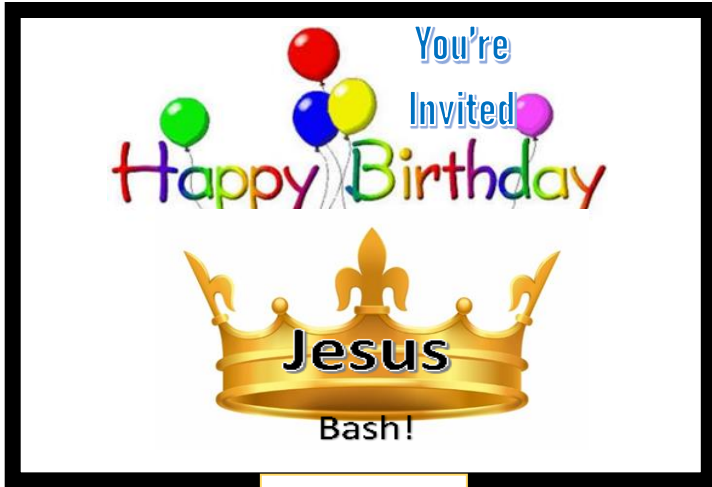


# ST.GREGORY PARISH

FREE



920-773-2511

Mail to or drop off at  
PO Box 199, 214 Church St.  
St. Nazianz, WI 54245  
Email: [sgparishoffice@gmail.com](mailto:sgparishoffice@gmail.com)

## Registration Form

~One per child~

Sunday, Dec. 3, 2023

8:45 Check-In

9:00 — 9:50 am Program

3yrs - 10yrs & Their Families

At St. Gregory Community Center

10 am Mass

**Must be accompanied by an adult.**

*Sponsored by St. G CH & H*

Child's name \_\_\_\_\_ Child's gender \_\_\_\_\_

Child's age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last school grade completed \_\_\_\_\_

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 \_\_\_\_\_

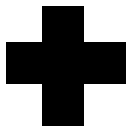
**HOLD HARMLESS**

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: \_\_\_\_\_