



Registration Form For children for the Eucharistic Congress

Please check one below:

- Track I grades K-2
 Track II grades 3 - 5

**Drop off is at the St. Joseph
School Cafeteria, prior to 1:00 pm
(after Mass and lunch)
Pick up is at 3:00 pm in the same location**

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:

There will be donuts served in the track.

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

Cell phone: _____ Phone should be **active onsite**

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Cell phone: (_____) _____ Phone should be **active onsite**

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

Name: _____ Relationship: _____

Cell Phone: (_____) _____

Children's Track Guidelines:

1. No outside food, cell phones, toys are allowed in the track.
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 at the end of the session.
4. Parents are responsible for administering any 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 2022 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 2022 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 to one of the following:

Eucharistic Congress — The Catholic Center

11625 Old St. Augustine Rd

Jacksonville, FL 32258

Email: cformation@dosaf.com.

Fax: 904 - 262-0698

We will try to accommodate any walkup registrations, but there is no guarantee. All registrations must be received by June 8th or when we have reached our capacity which ever date comes first.