



CCD REGISTRATION FORM

Holy Trinity Parish
Religious Education Office
512 Monroe Street
East Liverpool, Ohio 43920
(330) 385-7131 Fax# (330) 385-3025

Student Name _____ Date of Birth _____

Address _____

E-mail Address _____ Phone _____

Grade level _____ School Attending _____

Parents' Names _____

Emergency Contact Person _____

Emergency # _____

Any health concerns? Allergies? _____

Any learning concerns? _____

Other _____

I, the parent/guardian of _____ who is less than eighteen years of age, request that my son/daughter participate in the CCD Program at Holy Trinity Parish, East Liverpool, Ohio.

By allowing my child to participate in this program, I hereby assume all risk of accident or harm arising or growing out of, directly or indirectly, any incident of any kind occurring during the course of such program to my child and do hereby release and discharge the Bishop of the Diocese of Youngstown, Holy Trinity Parish and the agents, associates, and employees of the parish who have organized or participated in the supervision of such program from all claims, demands, suits, causes of actions, rights, costs, expenses and any compensations whatsoever which may occur to my family and its members during or resulting from participating in this program.

Date

Signature of Parent or Guardian

I give permission for my child's picture to be taken. This picture may be used as part of a classroom craft project or for a class picture for CCD archives or for church display. This picture may be used for local newspaper.

Date

Signature of Parent or Guardian