

Brother/Captain Registration Form

Revision Date August 2015



- **The Fraternus Book is a requirement at Fraternus meetings and is sent to those who register.**
- Chapter fees are determined by local chapter leadership to help cover the costs of local needs.

Please fill out and return to St. Paul Catholic Church. Families of Fraternus Brothers receive a **free subscription** to the quarterly **Fraternus Impact newsletter** and other occasional Fraternus communications. Fraternus respects your privacy and will never sell or share your information. You may unsubscribe at any time or check here to opt out.

BROTHER OR ADULT VOLUNTEER INFORMATION

First Name: _____ Last Name: _____ M.I.: _____ Suffix: _____

Street Address: _____

City: _____ State: _____ Zip: _____

BROTHER ONLY

Birth Date: _____ School: _____ Grade: _____

PARENT/GUARDIAN/ADULT VOLUNTEER

Registering multiple Brothers? Only complete this section on first form.

First Name: _____ Last Name: _____ M.I.: _____ Suffix: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (C): _____ (W): _____

Email: _____

Occupation: _____ Employer: _____

Birth Date: _____ Relationship to Brother (for Brother registration only): _____

FEES AND ORDERING

Chapter Dues: (local) \$ 50

Jersey* (\$55 – includes shipping) \$ _____

*A high quality rugby jersey designed to last for years.

Only order for new Brothers or to replace damaged or outsized jerseys.

Circle Adult T-Shirt Size: S M L XL XXL (add \$5) 4 XL (add \$10)

National Registration

No Cost to you this year thanks to our generous Bosco Society Members across the country

Fraternus Book

Donated this year by a generous Bosco Society Benefactor

TOTAL \$ _____ Cash or Check

Checks made payable to:

St. Paul Catholic Church

Memo: Fraternus and boy's name

Payment can be mailed or dropped off to:

St. Paul Catholic Church

1700 Conway Drive

Pensacola, FL 32503

____ Please contact me with more info on how I can receive a \$100 credit for Fraternus Summer Ranch by joining the Bosco Society.

Signature: _____ Date: _____

**ADULT CONSENT and RELEASE FOR MEDICAL TREATMENT
PARISH**

(For adult participants, 21 years of age or older.)

In Case Of Emergency, and in the event that I am not coherent or conscious, I hereby grant _____, and/or other adult chaperones of _____ Parish, permission to act on my behalf in seeking emergency medical treatment for myself in the event that such treatment is deemed necessary. I hereby give permission to emergency and hospital personnel to release information on my condition to the Diocese of Pensacola-Tallahassee and _____ Parish personnel.

I hereby give my permission to those administering medical treatment to do so.

I further absolve and release _____ Parish, its Pastor, employees, and volunteers, as well as the Diocese of Pensacola-Tallahassee and its employees, from any liability whatsoever when acting on my behalf in regard to medical treatment, and in any other respect deemed necessary should I become incapacitated.

Name of Participant: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____

Insurance Company: _____

Policy Number: _____

Insurance Address / Phone: _____

Place of employment providing Insurance: _____

Additional comments regarding medical history, allergies, medications, or other conditions: _____

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

Name: _____

Relationship: _____

Phone Number(s): _____

In addition, I hereby give permission for the Diocese of Pensacola-Tallahassee and any of its affiliated organizations, including, but not limited to The Catholic Compass, to use my name and/or photograph for promotional, news or public relations purposes in print and/or electronic media.

I acknowledge that my signature on the bottom of this page signifies that I am in agreement with all the statements on this form. Furthermore, I agree to abide by all policies and expectations regarding adult leaders / chaperones as put forth by _____ Parish and the Diocese of Pensacola-Tallahassee. My primary function on this trip is to ensure the safety and well-being of all participants in my charge. I will refrain from any actions / behaviors that are not consistent with the teachings of the Catholic Church and any that could be potentially harmful to myself and any other participants.

Signature of Participant: _____ Date: _____