

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: _____

ANNUAL MEDICAL INFORMATION FORM

Child's Name _____
Address _____ City, State _____ Zip _____
Sex _____ Date of Birth _____ Age _____ Grade _____
School _____
Doctor's Name _____ Phone Number _____

Father/Guardian's full name: _____
Home Phone : _____ Cell Phone _____
Home address: _____
Place of business/address: _____ Phone : _____

Mother/Guardian's full name: _____
Home Phone: _____ Cell Phone _____
Home address: _____
Place of business/address: _____ Phone : _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:
Name & Relationship: _____
Phone _____

Insurance Carrier: _____
Insurance Policy Number: _____
Insurance is provided by which parent and/or place of employment? _____
Address and Phone Number of Company: _____

MEDICATIONS: (EITHER A PHYSICIAN'S PRESCRIPTION OR A PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.) My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug Allergies: _____

Other Allergies (food, plants, insects, etc.): _____

Other known diseases, disorders, or disabilities: _____

If you would like your youth to participate in parish activities, please sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your youth.

In consideration for the opportunity for my child to participate in parish activities, and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Pensacola-Tallahassee and _____ Parish, and their employees, agents, volunteers, and other persons acting on their behalf. Neither the Diocese of Pensacola-Tallahassee, _____ Parish, nor said agents, employees, or volunteers, shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I/we hereby authorize the Diocese of Pensacola-Tallahassee, and _____ Parish, through its authorized representatives, to transport my child to a hospital or other doctor's office or medical facility for emergency medical attention. I/We additionally authorize such representatives of the Diocese and/or School to obtain and give consent to whatever medical treatment the representative deems necessary, including the administering of anesthetic and surgery, and do hereby release the Diocese and _____ Parish, and their authorized representatives from any and all claims which may arise from the above-referenced obtaining and consenting to medical treatment. I/We wish to be advised, if possible, prior to the providing of any non-emergency medical treatment by any physician or hospital.

Media Release

Finally, I/we 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 the name of my child and/or his/her photograph for promotional, news, or public relations purposes in print and/or electronic media.

Print Parent/Guardian Name

Signature of Parent/Guardian

Date

This form is to be kept at the parish and renewed annually



Diocese of Pensacola-Tallahassee

Parent or Guardian Permission for Direct Contact with Minors

This form allows you to identify who may communicate with your minor children and by what means. Parents and guardians may choose to be included in all written or text-based communications except those that occur on an official social networking site or online community administered and maintained by the ministry, parish, or school pursuant to the terms of diocesan policy and approved by parents or guardians on this form.

Diocesan Ministry, Organization, Parish or School

(This section must be completed by diocesan ministry, organization, parish or school.)

Ministry / Parish / School / Organization communicates via:

Cellular number Flocknote
E-mail address Flocknote
Social networking site(s) _____

Parent or Guardian Complete this section:

Name (parent/guardian) _____
Of minor Child _____

- You MAY NOT contact my child directly. (Sign and return).
 You MAY contact my child directly. (Sign, complete all sections and return).

Contact with my child is permissible via the following methods:

Phone call / voice message to this telephone number _____

SMS / text message to this telephone number _____

Social networking site sponsored by group named _____

E-mail at this address _____

Parent/Guardian Signature _____ Date _____