



September 6, 2018

Dear Families,

I trust you have all had a restful and fun summer together. I am looking forward to new beginnings for our children as OLMCC assists you in passing on the Catholic faith to your children. Our first class meeting for **pre-K to 5th grade is Sunday, September 23rd** after the 9am Mass, and will be dismissed at 11am. The middle school and high school group will be participating in a service project that day with *Widow's Harvest Ministries* immediately after 9am Mass.

Please print the registration forms and have them back to me by Sunday September 16th at the Ministry Fair. The fees for this year are: 1 student: \$75; 2 or more students: \$150. Fees are waived for the children of Catechists.

Throughout the year we will be calling on parents to volunteer for various projects and/or substitute for teachers on occasion.

As always, if you have any questions please don't hesitate to contact me at 706-820-0680 or mvoges@olmcc.com .

Thank you for sharing your most *precious* gifts with us—your children!

In His Service,

Mary Voges

**Catholic Archdiocese of Atlanta
Our Lady of the Mount Catholic Church**

Annual Medical Release

I/We the parent(s) of: *(please print)* _____
do hereby give my/our approval for him/her to participate with the Parish Religious Education Program that is sponsored by Our Lady of the Mount Catholic Church. I/We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone, also the Archdiocese and its representatives, successors, supervisors, sponsors, organizers and participants for any injuries in connection with the program named above. I likewise release from my responsibility any person transporting my child to and from any of the activities. I/We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Name of Student: _____ **Date of Birth:** _____

Address: _____

Home phone #: _____

Emergency contact _____ Phone # _____

Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____ Group Number _____

Signature of Parent / Guardian _____ Date _____

Father/Guardian's full name: _____

Phone #: _____ **Cell #** _____

Home address: _____

Place of business/address: _____

_____ **Phone #:** _____

Mother/Guardian's full name: _____

Phone #: _____ **Cell #** _____

Home address: _____

Place of business/address: _____

_____ **Phone #:** _____

Name of Participant _____

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

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

Drug allergies _____

Other allergies / reactions (food, plants, insects, etc.) _____

List any other health problems / limitations that we need to be aware of _____

Signature of Parent / Guardian _____ Date _____

(This Medical Release is good for the period of one year; beginning September 7, 2018 and ending September 22, 2019.)

MEDIA RELEASE FORM

Our Lady of the Mount Catholic Church

THE CATHOLIC ARCHDIOCESE OF ATLANTA

2401 Lake Park Drive SE, Smyrna, GA 30080

I hereby grant permission for _____ to be photographed
Student Name
and/or interviewed for print, radio, television or electronic media. I understand photographs or quotations may be reprinted in The Georgia Bulletin or other media, including but not limited to television, radio, newspapers and the Internet, for public dissemination. I release and relieve Our Lady of the Mount Catholic Church and the Archdiocese of Atlanta from any responsibility or liability for any claims arising from the publication or reproduction of any photographs or interviews in any news or other media.

I waive any and all right to inspect or approve the finished photographs or printed matter that may be used in conjunction with any photograph, or to approve the eventual use for which it may be applied. I also understand that the photography or interview is being done with the knowledge and approval of Our Lady of the Mount Catholic Church, and that a signed release form is on file for every individual who is photographed or interviewed by the media.

Parent (or Guardian) Print Name

Parent (or Guardian) Signature

Witness

Date