

**St. Francis Morning Supervision  
7:15-7:50 a.m  
Registration**

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**Child's Name**

**Grade**

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**Child's Name**

**Grade**

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**Child's Name**

**Grade**

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**Parents/Guardians**

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**Address**

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**Home Phone**

**Cell Phone**

**\_\_\_\_\_ I am not enrolling my child in the religious education classes, but I want my child/children to be supervised from 7:15-7:50 a.m. by the St. Francis Religious Education Program volunteers.**

*As a participant in this program, I recognize and acknowledge that there are certain risks of injury and I agree to assume the full risk of any injuries, which my child/children may sustain as a result of participating in the program. I further agree to waive and relinquish claims, fully release and discharge and agree to indemnify and hold harmless and defend St. Francis parish, the Diocese of Springfield and all volunteers and agents from any and all claims resulting from injuries/death, sustained by my child/children.*

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**Parent/Guardian Signature**

**Date**