FAMILY PLEDGE

Religious Education is important for learning about our faith. Mass reinforces and supports these efforts, it is the way we as Roman Catholics have chosen to keep holy the Sabbath. This is how we worship our Lord together as Christ's Church. We come to hear the Word of God and to receive the Body and Blood of Jesus along with our brothers and sisters in faith. Since you, the parents, are the first and foremost example of faith to your children, what you say do will have a lasting effect. Your actions and inactions help form your child(ren) to what is important and in the behaviors and rituals they will adopt in life. The Mass always teaches the faith. And we will never know of the blessings of weekly Mass unless we attend weekly Mass. **These are some of the reasons that the Church sees weekly attendance to Sunday Mass as an *obligation*. *By initialing here,* I pledge to make weekend Mass a priority in the life of my family**._____

Initial

I grant to St. James Parish, the right to take photographs of my above-named child in connection with events at our sponsored by St. James Parish. I authorize St. James Parish, its assigns and transferees to copyright, use and publish the same in print and/or electronically.
I agree that St. James Parish may use such photographs of my child with or without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.
I have read and understand the above:

Signature:_____ Date:_____

EMERGENCY MEDICAL TREATMENT and PHOTO RELEASE

I/We the undersigned, parent(s) or legal guardian of _____, hereby authorize treatment, administration of anesthesia, surgical treatment, and hospital care for my minor child in the event of a medical situation occurring in my/our absence or when St. James parish staff, the hospital or physicians are unable to contact me. This authorization extends to any hospital, physician, and nursing personnel within the physician's staff where treatment is rendered by the physician. I/We agree to assume the financial responsibility for any diagnosis/treatment and for medications deemed necessary.

_____ _____ _____

Date Signature of parent(s) or guardian

Family Physician and phone:_____

Medical Insurance Company:_____

Special considerations or needs (allergies, asthma, etc):

_____

_____