

ACTIVITY REGISTRATION FORM

Seton Parish, 600 Hill Road N., Pickerington, Ohio 43147, 614-833-0482

Activity: **Altar Server Training** at Seton Parish

Please **select ONE session.**

1. SERVER TRAINING – Saturday, October 1st from 9:30a to 11a
2. SERVER TRAINING – Saturday, October 8th from 9:30a to 11a

Servers **must meet** the following qualifications:

- 1) Have received first confession and Holy Communion
- 2) Must be at least in the 4th grade
- 3) Have the physical capacity & endurance to serve at long Masses, attention to detail, ability to focus, etc.
- 4) Have a genuine desire to serve
- 5) Learn the Mass responses and ritual itself

REGISTRATION INFORMATION

Name of Participant: _____
 Age: _____ Grade Level: _____
 Any physical limitations: _____
 Food allergy: _____

EMERGENCY CONTACT INFORMATION

Name of Parent/Guardian: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____
 Cell phone: _____ Home Phone: _____

CODE OF BEHAVIOR

The participant shall comply with the following:

- 1) *The Participant must stay and participate in the entire event. The Participant may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.*
- 2) *The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.*
- 3) *Foul language is not tolerated.*
- 4) *The Participant must comply with any and all directions of activity staff.*
- 5) *The Participant must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the Participant involved and the undersigned.*
- 6) *Failure to abide by this Code of Behavior may result in a request to the undersigned to transport the offending Participant from the premises, and the undersigned shall immediately comply with the request.*

PERMISSION

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above named Participant and have full legal responsibility for the Participant. The undersigned hereby grant(s) permission for the Participant to participate in the Activity named above.

Participant signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

***** Please return this form to the Parish Office, parish drop box, or bring with you to the training session.**