

St. Mary's High School Youth Ministry  
Registration Form June 2011 – May 2012

*Please fill out at least the starred (\*) fields on this side*

Student

\*Name: \_\_\_\_\_ \*Nick Name: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City/State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Texting: \_\_\_ YES \_\_\_ NO

Email Address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

\*Grade: \_\_\_\_\_ \*School: \_\_\_\_\_

Parents/Guardians

\*Mother's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Allergies: (Please specify if "None")**

**NONE** \_\_\_\_\_ **ALLERGIES:** \_\_\_\_\_

Is there anything you think we should know about your child's medical or learning needs? \_\_\_\_\_

Students often request to communicate with the Director of Youth Ministry and Youth Ministry Volunteers. We want parents/guardians to know when we are communicating with their children and if you are comfortable with communication outside of youth group. **We will inform you if your child initiates communication outside of youth group.**

\_\_\_\_\_ I give my student permission to having texting conversations with the Director of Youth Ministry outside of Youth Ministry.

\_\_\_\_\_ I give my student permission to e-mail back and forth with the Director of Youth Ministry outside of Youth Ministry.

\_\_\_\_\_ I give my student permission to have texting conversations with Youth Ministry Volunteers outside of Youth Ministry.

\_\_\_\_\_ I give my student permission e-mail back and forth with Youth Ministry Volunteers outside of Youth Ministry.

**If your child will need to take medication during Youth Group Events, please request a medical form.**

# St. Mary Church

## High School Youth Ministry Permission Form 2011-2012

I hereby give permission for my teen: \_\_\_\_\_ to participate in the *St. Mary High School Youth Group events scheduled at St. Mary Church on Monday nights from 7-9 p.m. from June 2011-May 2012.*

**I understand that all Off- Site Events will require additional permission slips.**

I hereby release and indemnify the Diocesan Youth Ministry Office, St. Mary's Parish, their staff and volunteers, and the Catholic Bishop of Rockford, from any and all liability arising from claims of any kind or nature whatsoever from my teen's participation in this event.

\_\_\_\_\_  
Signature and address of the Parent / Guardian

\_\_\_\_\_  
Date

Parent phone number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell/work)

VIDEOTAPING AND STILL PHOTOGRAPHS ( ) YES ( ) NO

Video and still photographs may be taken during this event. This authorization form constitutes permission for my youth's participation in the videotape and or still photographs, which may be used for future promotional efforts, including but not limited to the Diocese of Rockford website, St. Mary's website, St. Mary's Facebook page/blog, the Observer, and St. Mary Bulletin.

### MEDICAL PERMISSION FORM AND INSURANCE INFORMATION

I also grant permission for the administration of first aid to my teen \_\_\_\_\_ by those people in charge of this event and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accident of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents / guardian of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for and order injections, anesthesia or surgery, if deemed necessary for my child. The undersign shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

I also give permission for the adult responsible, to give non-prescription drugs (aspirin, Tylenol, antacids, etc.) as needed for my teen ( ) YES ( ) NO

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**Please fill out and return this whole page to the Elizabeth Wlodzimierski. Thank You!**

Parent / Guardian (print name/s): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Address: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

### In case of Emergency Contact: friend or relative

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_