

# YOUTH MINISTRY REGISTRATION FORM

## 2020 - 2021

### Student Information:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Birthday : \_\_\_\_\_ Gender: M F

Parish: St. Joseph SS. John and Bernard Other

Allergies/ Special Needs/ Instructions: \_\_\_\_\_

Current Sacramental Needs : Baptism First Reconciliation First Eucharist Confirmation

### Parent Information:

#### Parent/Guardian 1:

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

Email : \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Does the Student Reside with You: Yes No

#### Parent/Guardian 2:

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

Email : \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Does the Student Reside with You: Yes No

Emergency Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you have multiple children in the program you only need to fill out this portion once.

Please fill out the additional boxes on the back to register your other children.

I give 4Churches Youth Ministry permission to communicate with my Middle School and/or High School student(s) using social media sites, email, or cell phone messages, from a parish sponsored device, to convey information regarding event times, venues, and information pertinent to Youth Ministry.

Student's email address(s): \_\_\_\_\_ Student Cell Phone Number \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student 2 Information:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Birthday : \_\_\_\_\_ Gender: M F

Allergies/ Special Needs/ Instructions: \_\_\_\_\_

\_\_\_\_\_

Current Sacramental Needs : Baptism First Reconciliation First Eucharist Confirmation

**Student 3 Information:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Birthday : \_\_\_\_\_ Gender: M F

Allergies/ Special Needs/ Instructions: \_\_\_\_\_

\_\_\_\_\_

Current Sacramental Needs : Baptism First Reconciliation First Eucharist Confirmation

**Student 4 Information:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Birthday : \_\_\_\_\_ Gender: M F

Allergies/ Special Needs/ Instructions: \_\_\_\_\_

\_\_\_\_\_

Current Sacramental Needs : Baptism First Reconciliation First Eucharist Confirmation

**Student 5 Information:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Birthday : \_\_\_\_\_ Gender: M F

Allergies/ Special Needs/ Instructions: \_\_\_\_\_

\_\_\_\_\_

Current Sacramental Needs : Baptism First Reconciliation First Eucharist Confirmation

## Medical Treatment Authorization

As a parent/guardian, I do hereby authorize the treatment of my minor child/children listed below by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician due to injury or illness sustained during religious education classes, testing, and/or activities by St. Joseph/SS. John & Bernard Parishes Youth Ministry Program.

### Names of Children

### List of allergies, medications, or other pertinent information

(If your child has a learning disability that requires an IEP in their public school setting, please indicate that here.)


### Emergency Contacts


### Health Insurance Information

Company: _____	Policy#: _____
Group#: _____	ID#: _____
Family Physician Name: _____	Phone: _____
Address: _____	City: _____
Date: _____	Parent Signature: _____
	Print Name: _____

**Photo Release:** With my signature, I hereby grant permission to St. Joseph/SS. John & Bernard Parishes to publish my child's/children's names, photos, or video images in connection with a display, feature story, or other publication as deemed appropriate by the Parishes. This photo may be used in connection with parish bulletin boards, parish or youth ministry websites, publicity materials, and/or parish bulletins.

Permission is granted by : \_\_\_\_\_

*If there are any custodial/legal rights of parents and/or guardians that we should be made aware of or if you wish your child to be picked up by an adult other than a legal parent, please notify us in writing.*