

St. Edith Stein (Sr. High Youth Night Registration)

2019-2020

Youth Nights are on Tuesday Nights 7-8:30pm

3311 North Fry Rd. Katy, Texas 77449

(281) 492-7500

www.stedithstein.org/ACE-1

Participant's Information

Participant's Name _____ Cell # _____

Participant's E-Mail _____

Grade Entering in Fall _____ Age _____ Sex _____ D.O.B _____ What date will you be 18 years old? _____

Parent/Guardian Contact Information

Father/Guardian _____ E-Mail _____ Cell # _____

Mother/Guardian _____ E-Mail _____ Cell # _____

Emergency Contact

Please provide us with the name of another adult who can leave the premises with your child in the case of an emergency.

Name:

Phone #:

Relation:

Special Needs

Does your child have any special needs, medications or food allergies, if so please list them here.

Parent Volunteers needed for Youth Nights *(Please mark with an X if interested)*

Yes I am interested in Joining The Team. (The Team helps with Sr. High Youth Nights) Please contact me.

Father of Participant

Mother of Participant

Photography and Video Consent *(Please initial one of the following)*

____ I give permission for pictures or video of my child to be used for materials promoting/advertising for the Office of Adolescent Catechesis and Evangelization.

____ I DO NOT give permission for pictures or video of my child to be used for materials promoting/advertising for the Office of Adolescent Catechesis and Evangelization.

Permission / Liability Release

My child has my permission to attend Youth Nights at St. Edith Stein and my permission to leave the premises with the individual I indicated as my Emergency Contact. I furthermore release the Staff, Catechists and Volunteers at St. Edith Stein from any liability for injuries received while on church property.

In signing, I agree to abide by any/all policies and rules established for Youth Nights and will inform my child of them (see Code of Conduct).

Signature of Parent or Guardian _____ Date _____

See Other Side

Medical Consent Form

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me please contact my emergency contact.

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows.

My child is taking the following medication at the present time.

Medication(s) & Dosage:

_____ I hereby Do Not Grant Permission for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby Grant Permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information

- Has had an episode the following or has been diagnosed: Seizures Asthma Diabetic
- Allergic reactions to the following (foods, dyes, latex etc.) _____
- Has had a medical surgery within the last six months? Yes No
- Has a medically prescribed diet? _____
- The following physical limitations? _____
- Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): _____

Insurance Information: No, I do not carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature of Parent/Guardian

Date

For More Info. Contact Dir. of ACE *Chazz Sheffield* at: Chazz@stedithstein.org

(or go to)

www.stedithstein.org/ACE-1

***18 Year Olds in High School must take The Virtus Class (Protecting God's Children)*
& be approved in order to participate in ACE Sr. High Youth Nights.**