

ROCK (REALLY OUTRAGEOUS CATHOLIC KIDS) REGISTRATION 2019-2020

Youth's Name: _____

School: _____ Grade: _____

Birthday (month/day/year): ___ / ___ / ___

Parent/Guardian Information:

Name(s): _____

Home Address: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

_____ New membership dues are **\$25.00**. This fee includes a yearly t-shirt, supplemental archdiocesan insurance policy for liability coverage at off-site athletic functions, and helps support the youth ministry.

T-shirt size: YOUTH - S___ M___ L___ XL___ XXL___
ADULT - S___ M___ L___ XL___ XXL___

Make checks payable to St. Peter Catholic Church.

I understand that registering in the St. Peter Jr. High School Youth Group commits me to act in an appropriate Christian manner towards both my peers and adults, and to obey the St. Peter Youth Ministry Rules as stated by the St. Peter Youth Minister.

By signing here I understand and agree to the above terms.

ROCK Member Signature _____

Parent/Guardian Signature _____

MEDICAL INFORMATION AND CONSENT FORM

GENERAL INSTRUCTIONS TO PARENTS/GUARDIANS/ADULTS:

1. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.
2. **Sections I, II and V are mandatory.** Sections III and IV provide you with treatment options in non-emergency situations.

CHILD or **ADULT** (*choose one*): _____

Parent/Guardian's name: _____

Participant's Birth date: _____ Sex: _____

E-Mail _____

Home address:

(Street) (City/State) (Zip)

Home phone: _____

Cell phone: _____

Business phone: _____

SECTION I

MEDICAL MATTERS

As the **PARENT / LEGAL GUARDIAN / ADULT** (*choose one*) who is currently associated with **St. Peter Youth Ministry**, I hereby authorize **Ellen Frederick** or his/her assistants to carry out the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from **June 1, 2019, through June 30, 2020**. I hereby warrant that, to the best of my knowledge, said person is in good health, and I assume all responsibility for the health of said person.

Signature: _____ Today's

Date: _____

SECTION II.

EMERGENCY MEDICAL TREATMENT

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, if you are unable to reach me at the numbers listed herein, contact:

Name & relationship:

Phone: _____

Family doctor: _____

Phone: _____

Family Health Plan Carrier: _____

Policy #: _____

Signature: _____ Date: _____

SECTION III:

OTHER MEDICAL TREATMENT

In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the activity that said person becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

SECTION IV:

MEDICATIONS *(Sign only those options that are applicable)*

- Said person is taking medication at present. Said person will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the said person takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____

Date: _____

- I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to said person, if deemed appropriate.

Signature: _____ Date: _____

- NO medication of any type, whether prescription or non-prescription, may be administered to said person unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

SECTION V:

MEDICAL INFORMATION

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.):

_____ Immunizations: Date of last tetanus/diphtheria immunization: _____

Does said person have a medically prescribed diet?

Any physical limitations?

Is said person subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? _____

Has said person recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? _____

If so, date and disease or condition:

You should be aware of these special medical conditions of said person: _____

Transportation Permission

Please note that ROCK participants MUST be signed in and out by a parent/guardian IN PERSON for events.

If a participant is to be picked up from an event by a person other than their parent/guardian, the ROCK Coordinator MUST have documented permission from you. In order to facilitate ease of carpooling, please list ALL ADULTS who have your permission to transport your child(ren) home from events.

Name (first and last)	Relationship	Best contact number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event that your child is to be picked up by someone other than those included on your list, WRITTEN DOCUMENTATION must be provided to the ROCK Coordinator BEFORE the scheduled event. An email, a handwritten note, or a text message will suffice.

Child's Name: _____

Parent/Guardian
Signature: _____ Date: _____

Help Wanted!

If you are interested in assisting with ROCK events, there is always a need for parental involvement! Whether you're free occasionally or all the time, we'd love to have you. Please indicate what your availability/interest might be.

***** Please note that your Safe Environment training MUST be current in order to assist the group.*****

___ willing to serve on ROCK Core Team and assist in event planning and chaperoning events

___ willing to assist regularly at events, but unavailable for planning

___ willing to assist occasionally/as needed basis

___ cannot assist

Name: _____ Best contact number: _____

Child's
Name: _____ Date: _____