



**+JMJ+**

**St. John Vianney Catholic Church**  
**2019-2020 High School Youth Group Registration**  
15176 Blessed Mother Blvd., Fishers IN 46037  
Phone: 317- 485-0150 Fax: 317-588-1486 [www.sjvfishers.com](http://www.sjvfishers.com)

**Parent/Guardian Information:**

Father's Name (First, M, L): _____	Mother's Name (First, M, L): _____
_____	_____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone Number: _____	Home Phone Number: _____
Father's Cell Number: _____	Mother's Cell Number: _____
Father's Email Address: _____	Mother's Email Address: _____
Home Parish: _____	Home Parish: _____

*(Youth Ministry uses email as a major form of communication. Please list most used and accurate email. ☺)*

**Student Information:**

Student Name (Last, First): \_\_\_\_\_

Sex: \_\_\_\_ Birthday (mm-dd-yyyy): \_\_\_\_\_

Nickname: \_\_\_\_\_ Grade (Fall 2019): \_\_\_\_\_ School (Fall 2019): \_\_\_\_\_

Allergic reactions (medications, food, plants, insects, etc.): \_\_\_\_\_

Medications child currently takes: \_\_\_\_\_

Physical limitations: \_\_\_\_\_ Does child have a medically prescribed diet? \_\_\_\_\_

You should be aware of these special medical conditions of my child:

\_\_\_\_\_

\_\_\_\_\_

Student Name (Last, First): \_\_\_\_\_

Sex: \_\_\_\_ Birthday (mm-dd-yyyy): \_\_\_\_\_

Nickname: \_\_\_\_\_ Grade (Fall 2019): \_\_\_\_\_ School (Fall 2019): \_\_\_\_\_

Allergic reactions (medications, food, plants, insects, etc.): \_\_\_\_\_

Medications child currently takes: \_\_\_\_\_

Physical limitations: \_\_\_\_\_ Does child have a medically prescribed diet? \_\_\_\_\_

You should be aware of these special medical conditions of my child:

\_\_\_\_\_

\_\_\_\_\_

**Parent Involvement:**

**Parent leadership is vital to the success of all SJV Youth Ministry Programs - please circle your area of interest.**

**Food: YES or NO**

**Social/Service Activity Chaperone: YES or NO**

**Fees: 1 student is \$20.00 3 or more students is \$50.00.**

**Make checks payable to SJV. Due with registration.**

**When finished, drop in Sunday Collection or return ASAP to:**

St. John Vianney Youth Ministry • 15176 Blessed Mother Blvd. • Fishers IN 46037

Gloria Hughey • High School Youth Minister • [ghughey@sjvfishers.com](mailto:ghughey@sjvfishers.com)

**Photo Release:**

Photos of my child/ren (*names will not be used*) may be published in the following:

- *Parish Media (Website, Newsletters, Bulletin)* – I  give /  do not give my consent
- *The Catholic Moment* – I  give /  do not give my consent
- *Social Media (Facebook, Instagram)* – I  give /  do not give my consent

**Parent/Guardian Signature:**

\_\_\_\_\_

**Waiver and Insurance:**

We, as parents/guardians of the undersigned minor, hereby consent and agree to hold harmless St. John Vianney Catholic Church and/or the Diocese of Lafayette-in-Indiana Inc., and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the High School Youth Group program.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibilities for the health of my child.

I give permission for my child, in case of emergency, to be taken to a physician or hospital by an adult volunteer. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the adult volunteer to secure proper treatment for my child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If parent/guardian cannot be reached, contact:** \_\_\_\_\_ **cell #:** \_\_\_\_\_

**Accident/Hospitalization Insurance Name:** \_\_\_\_\_ **Insurance #:** \_\_\_\_\_

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