



St. John Vianney Catholic Church  
15176 Blessed Mother Blvd.  
Fishers, Indiana. 46037

## Middle School Youth Group Registration Form

### PARENT/GUARDIAN INFORMATION:

Father's Name (Full Name): \_\_\_\_\_ Mother's Name (Full Name): \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Father's Cell Number: \_\_\_\_\_ Mother's Cell Number: \_\_\_\_\_  
Father's E-mail Address: \_\_\_\_\_ Mother's E-mail Address: \_\_\_\_\_

### STUDENT INFORMATION:

Student Name (Full Name): \_\_\_\_\_ Sex: \_\_\_\_\_ Birthday (mm-dd-yy): \_\_\_\_\_  
Grade (Fall 2019): \_\_\_\_\_ School (Fall 2019): \_\_\_\_\_

We, as parents 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 Middle School Youth Group program. 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 # \_\_\_\_\_

### **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: \_\_\_\_\_