

TEAM JESUS
High School Youth Group (Grades 9-12)
2018-2019

Please return to parish office or bring to next meeting

PARTICIPANT'S NAME: _____ GENDER: _____

AGE: _____ BIRTH DATE: _____ GRADE: _____

SCHOOL ATTENDING _____ HOME PHONE: _____

ADDRESS: _____

YOUTH EMAIL: _____ YOUTH CELL: _____

_____ Parent, please initial here to give permission for your son/daughter to be contacted, via phone, text, or email, by youth leaders for reminders, upcoming events, and important information.

PARENT/LEGAL GUARDIAN(S): _____

EMAIL(S): _____

CELL #(S): _____

I, (parent/guardian) _____, grant permission for my teen, _____, to participate in the High School Youth Group and all events within the Greater Batesville Area, including but not limited to Sunman, Morris and Oldenburg. I understand that any event or activity which may have additional risks and/or is outside of the Greater Batesville Area will require a separate liability waiver.

I will not hold the Archdiocese of Indianapolis, any Parish within the Archdiocese of Indianapolis, chaperones, leaders, or representatives associated with the Archdiocese and/or parishes responsible in the event of injury during a Youth Group event. Further I agree to accept any and all financial responsibility as a result of scheduling necessary emergency medical treatment. I hereby warrant that to the best of my knowledge, my teen is in good health, and I assume all responsibility for the health of my teen.

In the event of an emergency, I hereby give permission to transport my teen 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 above numbers, contact:

EMERGENCY CONTACT

NAME/RELATIONSHIP: _____ PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____

INSURANCE Carrier: _____ Policy Number: _____

Please initial ONE (1) of the following:

_____ I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my teen, if deemed advisable.

_____ No medication of any type whether prescription or nonprescription may be administered to my teen unless emergency treatment is required.

Please list any special medical conditions of youth: _____

Parent/guardian Signature: _____ Date: _____

Please be aware that there are times when leaders and/or other students will take pictures during youth events. These pictures may be used to promote future events and may be shared through the parish website and/or social media. Leaders associated with St. Louis Parish will not publish names or information with the pictures, but at times, students will "tag" themselves or their friends if posted on social networking sites.