

**CATALYST NIGHTS – Youth Ministry
REGISTRATION FORM
for Grades 7 - 12
2020-2021 FAITH FORMATION YEAR
PLEASE PRINT LEGIBLY
COMPLETE ALL BLANKS AS APPROPRIATE**



THESE EVENTS ARE FREE OF CHARGE!

FAMILY INFORMATION:

Father: Last Name: _____ First Name: _____

Address: _____

City/State/Zip: _____

Phone Number: Home: _____ Cell: _____

Mother: Last Name: _____ First Name: _____

Maiden Name (if applicable): _____

Address (if different): _____

City/State/Zip: _____

Phone Number: Home: _____ Cell: _____

Children live with: (please circle one) both parents / mother / father / other _____

Parish to which the family is registered: St. Thomas Aquinas _____ Other: _____

Email address (REQUIRED – please print legibly): _____

Email is our primary means of communication; please provide additional address for non-custodial parent if applicable.

EMERGENCY CONTACT, OTHER THAN PARENTS:

Name: _____ **Relationship:** _____

Phone: _____ **Address:** _____

**Catalyst Nights meet monthly
from 6:00 – 8:45pm in the
St. Thomas Activity Center.
See dates on our website.**

Special Concerns: Be sure to include medical needs such as allergies, medication or physical impairments.
Also include insights such as slow reader, very shy, trouble staying focused, etc.

Child's Name: _____ Concerns: _____

Child's Name: _____ Concerns: _____

Child's Name: _____ Concerns: _____

(MORE ON REVERSE)

Medical Consent: *must sign one or the other*

In the event reasonable attempts to contact me or my emergency contact are unsuccessful, I give my consent for the administration of any treatment deemed necessary.

_____ *parent signature* _____ *date*

OR

I do not give my consent for emergency medical treatment for my child. Please take no action.

_____ *parent signature* _____ *date*

Safe Environment Program Acknowledgements: *must sign in both places to be enrolled*

I have read the Diocese of Columbus **Harassment Policy for Minors #5140.05**, the **Policy for Curriculum Support #4110.01**, the **Policy for Background Checks & Training #4110.1**, and the **Policy for Use of Social Networking Tools on the Internet #6142.3** as found on the Church's website, and I am confident I understand the content and purpose. I understand that it is necessary that any complaints be filed with the program administrator, pastor, or diocesan director of religious education.

_____ *parent signature* _____ *date*

I have read the Saint Thomas Aquinas **Waiver of Damages & Video/Photo Release** as found on the church's website, and I am confident I understand the content and purpose. I am in agreement with this policy.

_____ *parent signature* _____ *date*

CODE OF BEHAVIOR

- Participants must stay and participate in the entire event as defined. Participant may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
- The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
- Foul language is not tolerated.
- Participants must heed any and all directions of activity staff.
- Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participants' parents/legal guardians.
- Failure to abide by this Code of Behavior may result in a request to parents/legal guardians to transport offending participants from the premises, and the parents/legal guardians shall immediately comply with the request.

FOR PARENTS/LEGAL GUARDIANS:

- As a parent or guardian of the above-named participant, I give my permission for my child/children or ward(s) to register for and attend the activity.
- I agree to support this program via stewardship of my time, talents, refreshment preparation, prayer and other means as requested.

I HAVE READ AND UNDERSTAND ALL CONTAINED IN THIS AGREEMENT.

Participant's signature

Parent/Legal Guardian's signature