

GOOD SHEPHERD PARISH YOUTH MINISTRY

Good Shepherd Parish
271 Main St
Saco, ME 04072
Phone: 207-282-4812
www.goodshepherdparish.us

Blanket Medical, Liability Release & Use of Image Waiver Form

EVENT INFORMATION:

EVENT NAME: **Good Shepherd Parish
Youth Ministry Events**
DATE(S): **September 1, 2020 thru August 31, 2021**
LOCATION: **Various Locations**

FAMILY INFORMATION (please print):

LAST NAME: _____

ADDRESS: _____

HOME PHONE #: _____

FATHER'S NAME: _____

EMAIL: _____

CELL PHONE #: _____

ADDRESS (if different from above): _____

MOTHER'S NAME: _____

EMAIL: _____

CELL PHONE #: _____

ADDRESS (if different from above): _____

YOUTH PARTICIPANT 1: _____

YOUTH PARTICIPANT 2: _____

YOUTH PARTICIPANT 3: _____

EMERGENCY CONTACT INFORMATION:

CONTACT NAME: _____

(person will only be contacted if parents cannot be reached)

RELATIONSHIP: _____

HOME PHONE: _____

CELL PHONE: _____

MEDICAL INFORMATION:

DOCTOR: _____

DOCTOR PHONE #: _____

INSURANCE CO.: _____

POLICY #: _____

CARDHOLDER'S NAME: _____

WAIVER:

I, _____, the undersigned, give permission for myself/my youth to attend youth ministry events (middle school or high school) held by Good Shepherd Parish during the specified date range, and, if needed, to receive transportation to and from the events. ***I agree to evaluate my youth's health before attending such events by using the 'Self Check before Leaving Home' form provided by the Diocese of Portland during the COVID-19 pandemic.*** I understand these events will take place under the guidance and supervision of responsible employees/volunteers from Good Shepherd Parish and if needed, give permission for myself/my youth to be evaluated, diagnosed, treated/medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Parish and Diocese of all responsibility and consequences that may arise because of this treatment. I will not hold the Parish or Diocese, chaperones, or representatives associated with this event responsible in the event of injury. If I cannot be reached in case of an emergency, I give permission for the parish group leader to act on my behalf. Further, I agree to accept any and all financial responsibility because of scheduling such care.

I/my youth agree(s) to abide by all the rules as outlined in the Code of Behavior/Ethics. The Parish will not be liable if myself/my youth fail(s) to cooperate with said rules and any infractions may result in immediate dismissal from this event. I will accept responsibility for costs for immediate transportation home. I understand that I am legally responsible for the behavior of myself/my youth.

I hereby grant to Good Shepherd Parish my consent without reservation to use, assign, convey, reproduce or publish my/my youth's name(s), voice(s), image(s), and/or likeness(es) that arises from my/his/her/their participation in any event, whether still or motion pictures, audio or video, through social media (i.e. Facebook, Instagram, website) for promotional, instructional, business or any other lawful purposes, at Good Shepherd Parish's sole discretion.

PRINTED NAME: _____

SIGNATURE: _____

Parent/Legal Guardian

DATE: _____/_____/_____

GOOD SHEPHERD PARISH YOUTH MINISTRY REGISTRATION FORM 2020-21

All are invited to the Mass for Youth & Families 5:00 PM on the 4th Sunday of the month (October-April)

Please select accordingly:

Middle School (Grades 6-8) meets Tuesdays 6:30-8:00pm at St. Joseph Church in Biddeford

High School (Grades 9-12) meets Sundays 5:00-7:00pm at Most Holy Trinity in Saco

Rite of Christian Initiation for Adults (RCIA) for Teens who need to receive or complete their Sacraments

Please submit completed form with payment (*payment may also be submitted online*) via cash or check (*memo: Youth Ministry*) to:
Good Shepherd Parish, Office of Faith Formation, 271 Main St Saco, ME 04072

Cost: \$35.00 per youth registered

YOUTH 1

- Middle School
- High School
- RCIA for Teens

YOUTH FULL NAME

DESIRED NICKNAME

YOUTH PRIMARY CONTACT# ◊ CELL ◊ HOME

YOUTH EMAIL (high school only)

GENDER (circle one): MALE FEMALE

_____/_____/_____
DATE OF BIRTH

GRADE (circle one): 6 7 8 9 10 11 12

SCHOOL ATTENDING IN THE FALL

SACRAMENTS THEY HAVE RECEIVED

(select all that apply):

- Baptism
- First Eucharist
- Confirmation

T-SHIRT SIZE (adult): S M L XL XXL

PARTICIPANT'S ALLERGIES (including
meds and food):

PARTICIPANT'S CHRONIC MEDICAL
CONDITIONS (e.g. diabetes):

CURRENT MEDICATION BEING TAKEN:

YOUTH 2

- Middle School
- High School
- RCIA for Teens

YOUTH FULL NAME

DESIRED NICKNAME

YOUTH PRIMARY CONTACT# ◊ CELL ◊ HOME

YOUTH EMAIL (high school only)

GENDER (circle one): MALE FEMALE

_____/_____/_____
DATE OF BIRTH

GRADE (circle one): 6 7 8 9 10 11 12

SCHOOL ATTENDING IN THE FALL

SACRAMENTS THEY HAVE RECEIVED

(select all that apply):

- Baptism
- First Eucharist
- Confirmation

T-SHIRT SIZE (adult): S M L XL XXL

PARTICIPANT'S ALLERGIES (including
meds and food):

PARTICIPANT'S CHRONIC MEDICAL
CONDITIONS (e.g. diabetes):

CURRENT MEDICATION BEING TAKEN:

YOUTH 3

- Middle School
- High School
- RCIA for Teens

YOUTH FULL NAME

DESIRED NICKNAME

YOUTH PRIMARY CONTACT# ◊ CELL ◊ HOME

YOUTH EMAIL (high school only)

GENDER (circle one): MALE FEMALE

_____/_____/_____
DATE OF BIRTH

GRADE (circle one): 6 7 8 9 10 11 12

SCHOOL ATTENDING IN THE FALL

SACRAMENTS THEY HAVE RECEIVED

(select all that apply):

- Baptism
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T-SHIRT SIZE (adult): S M L XL XXL

PARTICIPANT'S ALLERGIES (including
meds and food):

PARTICIPANT'S CHRONIC MEDICAL
CONDITIONS (e.g. diabetes):

CURRENT MEDICATION BEING TAKEN:

