

Immaculate Conception Youth Ministry
Middle School Youth Ministry
Registration 2017-2018



Complete this form and the attached and return to parish office

119 W. Chestnut St., Washington, PA

Questions? Alec Scheuer: 724.225.1425

A Light Snack will be Provided!

Child's Name (Last): _____ (First): _____ Male Female
Age: _____ Date of Birth: ____/____/____ Grade (2017-2018 school year): _____
Address: _____ City: _____/St: _____ Zip: _____
Parent's Name (Last): _____ (First): _____
Home Phone #: _____ Cell: _____
E-mail: _____

Does this child have any medical condition(s) that we should be aware of (allergies, medications, etc.?)
If so please explain. _____

Dismissal & Emergency Contact Information (To serve your child in case of ACCIDENT OR SUDDEN ILLNESS)

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

Siblings who will also be attending: _____

A separate form must be filled out for each sibling.

Permission granted to photograph/video and release images: Yes No

Volunteer - Name: _____

Yes, I am an adult, 21 years or older, and would like to volunteer.

*** Adult leaders must have completed the Protecting God's Children as well as have complete the Mandated Reporter Training. Please contact Beth Endres at her email, pgc@icwashpa.net for more information.**

DIOCESE OF PITTSBURGH
REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT

PARISH NAME: Immaculate Conception

PARISH CITY: Washington

I. REGISTRATION

A. Name of Participant: _____
Date of Birth: _____ Male Female **Current** Grade for 2017-18 school year: _____
Address: _____
City, State, Zip Code: _____
Home Phone: _____ Parent Cell Phone (optional): _____
E-Mail: _____ Your Parish/ School Affiliation: _____
Name of Adult Leader: Alec Scheuer

II. PERMISSION

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above-named Participant and have full legal responsibility for the Participant. The undersigned hereby grant(s) permission for the Participant to participate in the Activity named in Section above.

III. RELEASE AND INDEMNIFICATION

A. **Release.** The undersigned on behalf of the undersigned, the Participant, and the heirs, successors and assigns of the undersigned and the Participant, hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Pittsburgh, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant's participation in the Activity named above.

B. **Indemnification.** The undersigned shall indemnify and hold harmless the Diocese of Pittsburgh, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Pittsburgh or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant's participation in the Activity named above, unless arising from the negligence of an indemnified party.

IV. SPECIFIC MEDICAL INFORMATION AND MEDICATION

A. **Specific Medical Information.** The Parish will take reasonable care to see that the following information will be held in confidence.

Chronic Conditions (e.g. Epilepsy; Diabetes)

Allergic Reactions (e.g. Food, medications, plants, etc.) _____

Dietary Restrictions _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Any physical limitations? _____

Has the Participant recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition:

You should be aware of these special medical conditions of the Participant: _____

B. **Current Medication:** The Participant is taking medication at present. The Participant will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage, are as follows: _____

C. Non-Prescription Medication

Please check ONE of the following:

No medication of any type, whether prescription or non-prescription, may be administered to the participant unless the situation is life-threatening and emergency treatment is required.

Non-prescription medication may be given to the Participant, if deemed appropriate.

V. EMERGENCY MEDICAL CONTACT AND TREATMENT

A. Emergency Contact Information

Parent or Guardian: _____

Address: _____

Phone(s): _____

Medical Insurance Carrier: _____ Policy Number: _____

Member's Name: _____ Phone: () _____

Family Doctor Name: _____ Phone: () _____

B. Emergency Medical Treatment

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: _____ Phone: () _____

VI. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

The undersigned hereby consent to the release of photographs and name of the Participant to be used by the Diocese of Pittsburgh and Immaculate Conception Parish for future promotional programs of the Diocese and Parish. This not mean that the participant takes videos or photos of the event. If you have any questions or concerns, please contact Alec Scheuer at 724-225-1425 ext. 222 or at his email youthmin@icwashpa.net.

____ Please initial here if you **DO NOT consent** to the release of Personally Identifiable Information.

VII. CODE OF BEHAVIOR

The Participant shall comply with the following:

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

VIII. SIGNATURES

THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT

Participant's Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____