



CHURCH OF ST·PETER

# High School Youth Group

## REGISTRATION

2020-2021

<b>Full Legal Name</b> (FIRST / MIDDLE / LAST)		<b>Grade Entering in Fall (2020):</b> _____	
		<b>School:</b> _____	
<b>Gender</b>	<b>Birth Date</b>	<u>Dietary Restrictions:</u>	
		<u>Activity Restrictions:</u>	
<b>Address</b>			
<b>City, Zip</b>			
<b>Parent names/Guardian</b>			
<b>Preferred Contact Phone Number Parent</b>		<b>Preferred Contact Phone Number Student <i>(with signed parental consent)</i></b>	
<b>Parent Email:</b>			
<b>Student Email <i>(with signed parental consent)</i></b>			

**PARENTAL CONSENT:** I give permission to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the St. Peter and the Archdiocese of Saint Paul and Minneapolis from any claims or law suits brought against the St. Peter /Archdiocese of Saint Paul and Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit. In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Faith Formation without compensation to me or my child.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

\_\_\_\_\_  
parent signature

\_\_\_\_\_  
date

**Church of St. Peter North St. Paul**  
**DISCLOSURE, AUTHORIZATION AND CONSENT FOR SOCIAL MEDIA OR**  
**OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS**

I am the parent or legal guardian of \_\_\_\_\_ (full name of minor) ("My Child").

In order to ensure transparency and parental involvement, Church of St. Peter North St. Paul has created this consent form so that parents and guardians may provide authorization for Church of St. Peter North St. Paul leaders to electronically communicate with minors. Such communications must comply with applicable Church of St. Peter North St. Paul policies, including restrictions on private communications with minors.

I grant permission for staff or other leaders of Church of St. Peter North St. Paul to communicate with My Child electronically. I understand that such communications are for Church of St. Peter North St. Paul purposes only and may involve group communications relating to Church of St. Peter North St. Paul activities. Further, I understand and authorize that such electronic communications may be made via text, email, telephone and cell phone, social media, digital networking, and other electronic means.

I acknowledge that to review or receive public communications shared via social media with My Child, I will need to have an account with the same social media platforms or become a fan or follower of the same social media. I also understand that communications may be accessible or viewable by others who are also fans or followers of the same social media.

This Disclosure, Authorizations, and Consent form is valid for one year.

If I choose to rescind this authorization and consent, I agree that I will inform Church of St. Peter North St. Paul in writing and that this rescission will not take effect until it is received by Church of St. Peter North St. Paul

**I have read the above Disclosure, Authorizations, and Consent, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with knowledge of its significance.**

Parent/Guardian Name (please print): \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Child Email address: \_\_\_\_\_

Child cell number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_