All Saints Parish
Youth Ministry Registration 2021-2022
Grades 6-12

Office use only

_____

_____

Youth name: _____ _____ _____ _____
First Last Grade Date of birth

Youth name: _____ _____ _____ _____
First Last Grade Date of birth

Youth name: _____ _____ _____ _____
First Last Grade Date of birth

Parent #1: _____
Cell Phone: _____
Home phone: _____
Email: _____

Parent #2: _____
Cell Phone: _____
Home Phone: _____
Email: _____

Primary Mailing Address: _____

PLEASE CIRCLE Y or N or fill in the blank

1. Is your family registered at All Saints Parish? **Yes** / **No**

2. Where does your family normally attend Mass? _____

3. Is there anything we should be aware of concerning your children's medical requirements? Allergies? Medications?
Please explain: _____

4. Do you give permission to have the child(ren) listed on this form photographed or videoed at various events throughout the year? Photos/videos may be used in publications, official websites, and official social media pages for All Saints Parish (additional permission will be secured if including name of child(ren) or group). **Yes / No** (signature below)

5. Does your child have permission to participate *in regular local field trips* within the geographical area of the parish?
Yes / **No** (If not, he/she will need a permission slip for each excursion, nursing home visits, etc.)

6. Do you give permission to have the child(ren) listed on this form participate in recorded virtual gatherings (parents and children will receive invitations and recordings will be saved for 1 year)? **Yes** / **No** (signature below)

If I, the parent, CANNOT be reached in case of an emergency, please notify:

Name: _____ Relationship: _____ Phone: _____

Name of primary physician: _____ Phone: _____

Medical/Liability Waiver: I, _____, give my permission to have my child(ren) transported by ambulance to a medical facility in the event of illness, injury or other medical emergency. I give my permission for my child(ren) to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Parish of all responsibility and consequences that may arise as the result of this treatment, and I will not hold the Parish, Diocese, staff, group leader or other representative responsible in the event of illness, injury or other medical emergency. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment. If I or my alternate cannot be reached in case of an emergency, I give my permission for the Parish staff, group leader or other representative to act on my behalf.

Health/Safety Agreement: I agree that my child(ren) will follow safety guidelines regarding wearing a facemask and practicing physical distancing according to diocesan protocol at any church sponsored event. My child(ren) will not attend in-person meetings if he/she feels sick.

Signature of Parent or Legal Guardian Date