

Youth Ministry

2020-21 Diocese of Bismarck Catholic Youth Advisory Council (CYAC) Application & Parent Consent Form

By completing and submitting this form, I grant permission for my child to participate in the 2020-2021 Catholic Youth Advisory Council (CYAC), coordinated by the Diocese of Bismarck, which includes participation and leadership in various Diocesan initiatives, online GoTo Meetings, and enrolling in an adult & youth disciplining mentorship program.

As the parent and/or legal guardian, I understand that I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child, or our heirs, successors and assigns, to hold harmless and defend the Diocese of Bismarck, its employees, agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses, which may incur in any action brought against them as a results of such injury or damage, unless such claim arises from the negligence of the diocese.

Please provide your answers to the parent specific questions below

Parent/Guardian Names

Home Address

Primary Phone Number

Parish Name & City

Please provide your answers to the child specific questions below

Child's Birth Date

Child's 2020-21 Grade (Select one)

8 9 10 11 12 N/A

Child's Sex (Select one)

Male Female

Does your child have access to a computer with a webcam and microphone for regular GoTo

Meetings? Yes No

Can your child participate in monthly/bimonthly GoTo Meetings on Sunday afternoons throughout the

year? Yes No

CELL PHONE USAGE

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I allow my child to receive emails and/or text messages from designated CYAC leadership/adult mentors about and during the above-named

events/activities. Yes No

Child's Email Address (if applicable)

Child's Cell Number (if applicable)

I want to be copied on ALL text messages between the approved CYAC leadership/adult mentors and my child about and during the above-named

events/activities. Yes No

Parent's Cell Number

MEDICAL INFORMATION

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In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment.

Yes No

List of Allergies & Dietary Restrictions

I grant permission for non-prescription medication to be given to my child, if deemed appropriate (non-aspirin products such as acetaminophen, ibuprofen, throat lozenges, cough syrup). Yes No

List of current medications (name and dosage)

PHOTO/VIDEO CONSENT

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I/We, the parent(s)/guardian(s) of this youth authorize and give full consent, without limitation or reservation, to publish any photograph or video in which the above/below-named child appears while participating in any program associated with the above-named events and/or activities. There will be no compensation for use of any photograph or video at the time of the publication or in the future.

Yes No

EMERGENCY CONTACT (if parent/guardian is unreachable)

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Name

Relationship

Phone Number

QUESTIONS FOR CYAC APPLICANT

List any previous volunteer or leadership experience (Church, school or community):

What other extracurricular activities do you participate in (Church, school or community)?

Why do you want to join CYAC?

Child's Full Name *

Parent's Email Address *

Parent's Full Name *

Parent Signature

Thank you for completing the Diocese of Bismarck CYAC application and parent consent form. Upon your submission of this form, you will receive an email/phone call from Chris Kraft with follow up and next steps. For any questions, please contact the Office of Catechesis and Youth at (701) 204-7208 or ckraft@bismarckdiocese.com. May God bless you and all your loved ones!