

Visitation of Our Lady Catholic Church Youth Ministry Program

Registration Form

The **Visitation of Our Lady Youth Ministry Program** is open to young people in grades 5 through 12. Those in grades **5 – 7** are placed in the **Jr. High Ministry** and those in grades **8 – 12** will be in **CYO**. Each registration is to be completely filled out and accompanied by the annual **\$20.00** dues and the **attached waivers**.

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **Home Phone:** _____

Parent's Cell: _____ **Email:** _____

Member's Cellphone: _____ **Email:** _____

School: _____ **Grade:** _____

Church Parish: _____

Parent's Names: _____

Parental Signature: _____

Youth Interests:

(Check all that Apply)

- Music
- Lector
- Server
- Leadership
- Service Projects
- Pro-Life Activities
- Planning
- Fundraising
- Recruitment

Parent Interests:

(Check all that Apply)

- Chaperone
- Serve as a Driver
- Assist with Planning
- Assist with Fundraising
- Assist with Jr. High Ministry
- Assist with CYO
- Assist with Coordinating Masses
- Assist with Retreat Planning
- Please check if you have Safe Environment Training

**Visitation of Our Lady Catholic Church
Youth Ministry Program**

Photography Waiver

I/we, _____, the undersigned parent(s) of _____, a member of **Visitation of Our Lady Youth Ministry**, hereby grant permission to **Visitation of Our Lady Church** and/or the **Archdiocese of New Orleans** to publish and/or print my/our child's name and/or likeness on the Visitation of Our Lady Church website, on their social media sites and in any advertising materials.

I/we hereby further release, indemnify and hold harmless **Visitation of Our Lady Church/Youth Ministry, the Roman Catholic Church of the Archdiocese of New Orleans**, their directors, officers, agents, pastor(s), employees and insurers from any and all claims and/or damages on behalf of myself/ourselves and/or our child arising from the publication of my/our child's names, photograph, or likeness on videotape and/or film on Visitation of Our Lady Church/Youth Ministry website, social media sites or any advertising materials.

This agreement shall remain in force and effect at all times during my/our child's membership at **Visitation of Our Lady Church Youth Ministry**.

Father's signature

Date

Print Father's name

Mother's signature

Date

Print Mother's name

PARENTAL CONSENT FORM AND LIABILITY WAIVER

Member's Name: _____

Date of Birth: _____ Gender: _____

Parent's Name: _____

Parent's Email: _____

Home Address: _____

City: _____ Home Number: _____

Cell Phone: _____ Work Phone: _____

I, _____, grant permission for my child, _____, to participate in Youth Ministry events that require transportation to a location away from the parish/location site. These activities will take place under the guidance and direction of volunteers from **Visitation of Our Lady Church**. Permission slips for individual trips will acknowledge my ongoing consent and furnish specific itineraries for the trip.

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor ("Member").

I agree on behalf of myself, my child, named herein, our heirs, successors, and assigns, to hold harmless and defend **Visitation of Our Lady Church, Marrero**, its officers, directors and agents, and the **Archdiocese of New Orleans**, chaperones or representatives associated with the events, arising from or in connection with my child attending the events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate **Visitation of Our Lady Church, Marrero**, its officers, directors and agents, and the **Archdiocese of New Orleans**, chaperones or representative associated with the events for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

Parental Medical Consent Form

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Sign only the lines which are applicable to your child.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____

Phone: _____

Family Doctor: _____ **Phone:** _____

Family Health Plan Carrier: _____

Policy Number: _____

Signature: _____ **Date:** _____

Other Medical Treatment: In the event it comes to the attention of **Visitation of Our Lady**, its officers, directors and agents, and the Archdiocese of New Orleans, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself.)

Signature: _____ **Date:** _____

Medications: If my child is taking medication at the time of an outing, my child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, will be written on the permission slip for that particular outing.

Signature: _____ **Date:** _____

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

Signature: _____ **Date:** _____

OR

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ **Date:** _____

Specific Medication Information; Visitation of Our Lady volunteers will take reasonable care to see that the following information will be held confidential.

Allergic Reactions (Medications, food, plant, insects, etc.): _____

Immunizations (Date of last tetanus/diphtheria immunization): _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking bedwetting, fainting? _____

You should be aware of these special medical conditions of my child: _____
