

HS Youth Ministry Registration Form

2017 - 2018

Student Information:

Name: _____ Grade: _____

School: _____ Birthday : _____ Gender: M F

Parish: St. Joseph SS. John and Bernard

Allergies/ Special Needs/ Instructions: _____

Current Sacramental Needs : Baptism First Reconciliation First Eucharist Confirmation

Parent Information:

Parent/Guardian 1:

Name: _____ Cell Phone: _____

Email : _____ Relationship to Student: _____

Does the Student Reside with You: Yes No

Parent/Guardian 2:

Name: _____ Cell Phone: _____

Email : _____ Relationship to Student: _____

Does the Student Reside with You: Yes No

Emergency Contact: _____ Relationship to Student: _____

Phone Number: _____

If you have multiple children in the program you only need to fill out this portion once.

Please fill out the additional boxes on the back to register your other children.

I give St. Joseph/ SS John and Bernard Parish Youth Ministry Program permission to communicate with my Middle School and/or High School student using social media sites and email to convey information regarding event times, venues and information pertinent to Youth Ministry.

Student's email address(s): _____

Parent Signature: _____ Date: _____

Student 2 Information:

Name: _____ Grade: _____

School: _____ Birthday : _____ Gender: M F

Allergies/ Special Needs/ Instructions: _____

Current Sacramental Needs : Baptism First Reconciliation First Eucharist Confirmation

Student 3 Information:

Name: _____ Grade: _____

School: _____ Birthday : _____ Gender: M F

Allergies/ Special Needs/ Instructions: _____

Current Sacramental Needs : Baptism First Reconciliation First Eucharist Confirmation

Student 4 Information:

Name: _____ Grade: _____

School: _____ Birthday : _____ Gender: M F

Allergies/ Special Needs/ Instructions: _____

Current Sacramental Needs : Baptism First Reconciliation First Eucharist Confirmation

Student 5 Information:

Name: _____ Grade: _____

School: _____ Birthday : _____ Gender: M F

Allergies/ Special Needs/ Instructions: _____

Current Sacramental Needs : Baptism First Reconciliation First Eucharist Confirmation

Medical Treatment Authorization

As a parent/guardian, I do hereby authorize the treatment of my minor child/children listed below by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician due to injury or illness sustained during religious education classes, testing, and/or activities by St. Joseph/SS. John & Bernard Parishes Youth Ministry Program.

Names of Children

List of allergies, medications, or other pertinent information

(If your child has a learning disability that requires an IEP in their public school setting, please indicate that here.)

Emergency Contacts

Health Insurance Information

Company: _____	Policy#: _____
Group#: _____	ID#: _____
Family Physician Name: _____	Phone: _____
Address: _____	City: _____
Date: _____	Parent Signature: _____
	Print Name: _____

Photo Release: With my signature, I hereby grant permission to St. Joseph/SS. John & Bernard Parishes to publish my child's/children's names, photos, or video images in connection with a display, feature story, or other publication as deemed appropriate by the Parishes. This photo may be used in connection with parish bulletin boards, parish or youth ministry websites, publicity materials, and/or parish bulletins.

Permission is granted by : _____

If there are any custodial/legal rights of parents and/or guardians that we should be made aware of or if you wish your child to be picked up by an adult other than a legal parent, please notify us in writing.