

# St. Mary Catholic Church

Leading Teens Closer To Christ



## Registration Form -- Grades 7 - 12

2017 - 2018

Date of Registration \_\_\_\_\_ please also complete BOTH sides Permission Form & Emer Med Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

home \_\_\_\_\_ student's \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

student's

Cell phone \_\_\_\_\_ text messaging available? \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_ Attend PSR or Edge/LifeTeen last year? \_\_\_\_\_

Activities involved in \_\_\_\_\_

Anything special we should know? \_\_\_\_\_

Sacrament History (list year only): Baptism \_\_\_\_\_ First Comm \_\_\_\_\_ Confirmation \_\_\_\_\_

**\*\*If student was NOT baptized HERE at St. Mary's, please provide a copy of Baptismal Certificate\*\***

Family Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Registered in parish? \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_ do you check your email? \_\_\_\_\_

Address if different from student: \_\_\_\_\_ city, zip \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_ do you check your email? \_\_\_\_\_

Address if different from student : \_\_\_\_\_ city, zip \_\_\_\_\_

*Permission form & EMERGENCY Medical info on backside*

**\$40 Registration fee per student for LifeTeen and Edge**

**Confirmation Sac Prep Fee: \$20**

*No youth will be denied participation because of financial difficulty Contact Sandy Smith at parish office*

**\*\*REGISTRATION FORMS including Emergency Medical & Participation Permission MUST BE ON FILE in order for any youth to participate.\*\***

Date paid \_\_\_\_\_ cash \_\_\_\_\_ check # \_\_\_\_\_ *make checks payable to St. Mary's*

(Permission Forms are to be in the possession of Activity Leaders in order to participate)

# PROGRAM PARTICIPATION PERMISSION FORM:

I request that St. Mary Parish allow my youth

\_\_\_\_\_ name

to participate in the sponsored activities on and away from parish facilities from August 2017 until August 2018. I understand that some activities will take place away from the parish premises and that my child will be under supervision. I further consent to the conditions stated above on participation in this event, including method of transportation, if necessary.

I hereby release and indemnify St. Mary Parish, its staff and its volunteers, and the Catholic Bishop of Toledo, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my youth's participation in any event sponsored by St. Mary's Parish Youth Ministry.

In the event that the undersigned, or my authorized physician, cannot be reached, and in the judgment of the designated supervisor of the activities or other responsible person accompanying the group, there is necessity for immediate examination and /or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

\_\_\_\_\_  
signature of parent/guardian

\_\_\_\_\_  
signature of parent/guardian

\_\_\_\_\_  
phone number

\_\_\_\_\_  
alternate phone number

## EMERGENCY CONTACT IF PARENTS ARE UNAVAILABLE:

Name: \_\_\_\_\_ relation to youth: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Youth Ministry will take reasonable action to ensure that the activities your child is participating in are safe. We hope that you, as a parent or guardian of the participating youth, will help ensure that your child understands what is expected from their actions to help ensure the safety of the entire group.

## PHOTO / VIDEO RELEASE FORM: Please check ONE and sign

\_\_\_\_\_ I hereby **GRANT** permission for my child to be photographed and/or video during any youth ministry activities & events hosted by and/or participated in by St. Mary Parish of Vermilion, Ohio. I understand that those images and/or video footage may be published and/or broadcast for the purpose of promoting the youth ministries of St. Mary Parish of Vermilion, OH.

Please Print Name of Parent/Guardian: \_\_\_\_\_

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

\_\_\_\_\_ I **DO NOT GRANT PERMISSION** for my child to be photographed and/or video taped. I have instructed my teen to decline.

# EMERGENCY MEDICAL AUTHORIZATION FORM

*PURPOSE: to enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under St. Mary's authority, when parent/guardian cannot be reached.*

Student Name: \_\_\_\_\_ gr: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Cell \_\_\_\_\_

## RESIDENTIAL PARENT/GUARDIAN:

Mother: \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate# \_\_\_\_\_

Father: \_\_\_\_\_ Phone# \_\_\_\_\_ Alternate# \_\_\_\_\_

Other's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate# \_\_\_\_\_

## PART I: TO GRANT CONSENT

I hereby give consent to the following medical care providers and local hospital to be called:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Emergency Room Ph: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including allergies, medications being taken and any other physical impairments to which a physician should be alerted:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PART II: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish St. Mary authorities to take the following action:

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

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please Complete BOTH Sides of form