

# SJF Faith Youth Ministry (7-12<sup>th</sup> grade)

## 2017 REGISTRATION FORM

Date \_\_\_\_\_

- Middle School Youth Ministry** (grades 7-8) .....  Registration Fee: \$50 for 1st, then \$25 for each add'l, \$75 family cap  
**High School Youth Ministry** (grades 9-12) .....  Registration Fee: \$50 for 1st, then \$25 for each add'l, \$75 family cap  
**Sacrament Preparation -- Confirmation** (grades 9-12)....  \$50 deposit, total \$200

Name of Youth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ M/F \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Primary Family Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Secondary Family Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_

*Please check those sacraments completed:*

Baptism	First Reconciliation	First Communion	Confirmation

**BAPTISMAL CERTIFICATES**-- If your child is receiving First Reconciliation or First Communion this year, please submit a copy of his/her baptism certificate, unless they were baptized at St. John Fisher. If they were baptized at St. John Fisher, it is still very helpful if you provide a copy.

### **VOLUNTEER NEEDS**

We ask for your support! Your involvement adds incomparable value to your youth's experience while enriching your own faith. We have many ways for you to get involved!

- Catechist (K-6): *Program fee is waived*
- Youth Ministry Core Team Member (MS/HS): *Program fee is waived*
- Other volunteer needs:*     Parent Helper/Supervision     Event Chaperone     Take home projects
- Office Support     Confirmation Volunteer     Music

### **EMAIL & TEXTS**

Reminders and information may be sent via email and texts, in order to efficiently communicate with a group of people at one time. Please provide contact info.

*CIRCLE ONE:*

Youth/Adult Name \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Youth/Adult Name \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Youth/Adult Name \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

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## RELEASE FORM

Valid January 1, 2017 - December 1, 2017

Name of Youth \_\_\_\_\_ DOB \_\_\_\_\_

### PHOTO RELEASE:

I hereby give my permission to St. John Fisher Catholic Church and collaborating ministries to use photographs and/or videos of the youth listed above as deemed appropriate for the promotion of St. John Fisher Catholic Church and the universal church. These photos could appear on the St. John Fisher Facebook, but the youth will not be tagged.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### MEDICAL RELEASE

I, \_\_\_\_\_, the undersigned  **parent**  **legal guardian**, give my permission for my son/daughter (**listed above**) to be evaluated, diagnosed, and treated by authorized medical personnel. In case of emergency, 911 may be called.

• Medications (Name, dose, reason) \_\_\_\_\_  
\_\_\_\_\_

• Allergies (include reaction to allergen) \_\_\_\_\_  
\_\_\_\_\_

Any specific health problems, prolonged illness, etc. \_\_\_\_\_

• Medical Insurance Company \_\_\_\_\_ Group or ID Number \_\_\_\_\_

I hereby release St. John Fisher Catholic Church, Archdiocese of Portland, and their employees and volunteers, of all liabilities and claims of any nature that may arise of result from the participation in St. John Fisher activities. It is further understood and agreed that, I hereby authorize St. John Fisher Church and its employees or volunteers to secure the necessary service for my youth in the event of an accident or illness. Further, I will be solely responsible for the payment of those services.

Parent/Guardian Signature \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Additional Emergency Contact Person:

Name \_\_\_\_\_ Relation to Youth \_\_\_\_\_ Phone \_\_\_\_\_

### EVENT & TRAVEL RELEASE/OFF-PREMISES PERMISSION SLIP

I, \_\_\_\_\_, the undersigned  **parent**  **legal guardian**, give my permission for my son/daughter (**listed above**) to take part in any off-premises event which will require transportation and supervision by Archdiocese of Portland employees, and the staff and volunteers at St. John Fisher (SJF). I agree to allow my child to participate in these events. I agree and understand that transportation may be provided in such form and at the discretion of the Archdiocese and the staff/ volunteers at SJF. I authorize the Archdiocese and the staff/ volunteers at SJF, to use their judgment in determining emergency care and procedures for my child, and authorize them to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I understand that the Archdiocese and St. John Fisher assume no financial obligations for expenses incurred in caring out emergency procedures and/or emergency transportation. I agree to be solely responsible for the cost of these medical expenses.

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