SJF Faith Youth Ministry (7-12th grade)

2016-2017 REGISTRATION FORM

Date _____

Middle School Youth Ministry -- Edge (grades 7-8)..... ❒ Registration Fee: $50 for 1st, then $25 for each add'l, $75 family cap
High School Youth Ministry – LifeTeen (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 August 30, 2016 - August 30, 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 _____