

**ST. FRANCIS XAVIER CATHOLIC CHURCH
HIGH SCHOOL YOUTH GROUP REGISTRATION 2018-2019
(Please fill out a separate form for each child)**

Youth Group Meetings are usually meet on Sunday evenings after the 6:00p.m. Mass. Check the bulletin for dates.

Child's First Name _____ Middle _____ Last _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Parent/Guardian Names _____
(include mother's and father's first names and last names if different from child)

Emergency contact _____

Relationship _____ Phone _____ alt # _____

Does your child have any medical conditions, allergies to food, or learning difficulties that we need to be aware of?

Please explain: _____

Home phone _____

Child's Birth Date _____

Work phone _____

Grade for 2018-19 _____

Mom or Dad's cell _____

School _____

(Please be sure to include the city and state)

Date of child's Baptism _____ Church name + city/state _____

Date of child's First Eucharist _____ Church name + city/state _____

Are you a registered member of St. Francis Xavier parish? Yes No

I am interested in learning about being a volunteer in the program. Yes No

SAINT FRANCIS XAVIER YOUTH GROUP CODE OF CONDUCT

The success of any event depends on your willingness to work together as a group. Please review the following with your student and have them sign below.

YOUTH:

- I will not be late.
- I will respect peers, my adult chaperones, and myself by being helpful and courteous.
- I will actively participate in the program I am attending.
- I will respect confidentiality, emotional and personal boundaries of others.
- I will not bring the following items to events or meetings: Knives, Guns, Alcohol, Drugs or associated Paraphernalia, Pornography)
- I will use the vocal beauty and intonation that God intended, e.g. NO PROFANITY, NO SHOUTING
- I will leave the group ONLY WITH PERMISSION, and only when accompanied by an adult chaperone.

- I will not engage in any public displays of affection or sexual activities.
- *I understand this group activity is designed for Christian fellowship and interaction.*

I understand that it is a privilege to participate and I agree to honor all guidelines given me while participating.

NO EXCEPTIONS!

By signing below, I indicate that I have read and understand the Code of Conduct Guidelines. I agree to follow them and understand that if any of the rules are broken, my parent/guardian WILL be called immediately to pick me up, or arrangements will be made at their expense to have me sent home.

Guardians: Read the Code of Conduct (above)/Serious Infraction & Medication Notice (below) and sign with your teen. A copy of each will be provided to you.

SERIOUS INFRACTION & MEDICATION NOTICE

PARENT/GUARDIAN:

Per diocesan policy, over the counter medications, (Tylenol, Advil/ibuprofen, Benadryl, aspirin) and prescriptions must be provided by the youth's parent(s) in a labeled humidity-proof container with the exact instructions as prescribed and with the youth's full name.

ALL PRESCRIPTION AND NON-PRESCRIPTOIN MEDICATIONS WILL BE KEPT WITH A CHAPERONE AT ALL TIMES AND THE YOUTH IS RESPONSIBLE FOR TAKING MEDICATIN IN THE PRESENCE OF THE TRIP'S DESIGNATED ADULT AT THE TIME/S IT IS PRESCRIBED. THE YOUTH IS RESPONSIBLE FOR NOTIFYING THE ADULT OF THE CORRECT TIME.

I understand that my teen will not be permitted to leave the premises at any time for any reason other than a medical emergency or release to the parent/guardian.

I agree that if my teen fails to consistently abide by the guidelines of engages in a serious infraction, he or she may be dismissed from the event and I, along with the proper authorities will be contacted.

I understand that if my teen is found with (or is under the influence of) drugs or alcohol, the police will be called and I will be notified.

I understand that I may be responsible for any damage caused to any equipment or the facility if the damage is intentional or caused by neglect.

If I am called at ANY time throughout the event I must pick up my teen immediately, or be responsible for the expenses for transportation to send him/her back to me.

Parent/Guardian
Print Name: _____

Youth
Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____