

Participant Name: _____

First

Middle

Last

Date of Birth: ____ / ____ / ____ Age: ____ Grade 2021-2022: ____th Gender: Male / Female

Religion: _____ If Roman Catholic, check all Sacraments participant has received:

Baptism First Reconciliation First Holy Communion Confirmation

List any interests, sports, hobbies, etc. participant has that All Saints youth leaders can support him or her in:

_____ School: _____

List any allergies, dietary restrictions, chronic illnesses, or medical conditions we should be aware of:

List any medications participant has permission to self-medicate:

Street Address: _____ City: _____ Zip: _____

Household Name: _____ Household Phone: _____

Guardian 1: _____ Relationship to Teen: _____

First Name

M.I.

Last Name

Religion: _____

Cell: _____ Work: _____ Email: _____

Guardian 2: _____ Relationship to Teen: _____

First Name

M.I.

Last Name

Religion: _____

Cell: _____ Work: _____ Email: _____

Emergency Contact: _____ Relationship to Teen: _____

First Name

Last Name

Cell: _____ Work: _____ Email: _____

List anyone authorized to drop off and/or pick up participant from YM events other than parent/guardian:

<i>First & Last Name</i>	<i>Phone #</i>	<i>Relationship to Teen</i>
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My teen may enjoy caffeinated beverages at youth events: YES / NO

A Safe Environment certified adult may administer general First Aid to my teen if needed: YES / NO

Contact me before administering any general First Aid to my teen: YES / NO

Payment: No fees are charged upon registration, but extracurricular expenses (e.g. retreat fees) can be expected throughout the YM year.

Photo Release: _____ (*please initial*)

I hereby grant permission for my teen to be photographed and/or videotaped during YM activities and events. I understand that my teen may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting youth and young adult ministries at All Saints and the Diocese of Phoenix. Social media platforms may include but are not limited to Facebook, Flocknote, YouTube, and the parish bulletin and website.

Behavior & Emergency Agreements: _____ (*please initial*)

My teen named above will dress and act respectfully, modestly, and appropriately and cause no verbal or physical abuse of self or others; will not have in his or her possession at anytime weapons, alcohol, drugs or tobacco of any kind; will be responsible for his or her own belongings; will not leave the designated area at any time for any reason without contacting a responsible adult; and **will review these guidelines with me prior to signing below.** I understand that if the teen named above is involved in any illegal activity or serious destructive behavior that I will be contacted immediately and be responsible for his or her immediate transportation home. I understand that reasonable precautions will be taken to safeguard the health and wellbeing of my teen and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to any x-ray, exam, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care to be rendered to my teen under the general or specific supervision and on the advice of any physician, dentist, or surgeon licensed to practice. I further understand and agree to be responsible for any such medical, dental, or hospital expenses incurred. Furthermore, in the event of sickness or accident, I will not hold All Saints Roman Catholic Church, the Diocese of Phoenix, or any youth leaders responsible.

Parent/Guardian (Print)

(Signature)

Date



THE ROMAN CATHOLIC
DIOCESE OF PHOENIX

Group Texting & Messaging Service – MINOR PERMISSON FORM

Program: All Saints Youth Ministry	Leader: Lindsay Gray
Parent/Guardian Name:	Teen Name:
Parent/Guardian Email:	Teen Email:
Parent/Guardian Cell Phone:	Teen Cell Phone:

I, Lindsay Gray, request that you allow your teen to participate in a group texting & messaging service to receive information related to the program. The group texting & messaging service allows for multiple participants to receive the exact same information through a text message or email that is sent to all members within a group at the same time. These group text messages and emails will be used only to provide information related to the group/ministry, such as reminders, event information, and other updates. This group texting and messaging service does not share or reveal any cell phone numbers or email addresses. All text messages and emails come from a central number or account that is given to each group. As a parent/guardian of a member of the program, you will receive the exact same text message or email that is sent to your teen.

I, _____, (print parent/guardian name) give permission for my teen to receive group text message and email updates related to the program.

By signing below, I am agreeing that I, as the parent/guardian, and my teen will use the group texting and messaging service appropriately. I understand any inappropriate use of the group texting and messaging service will cause a user to be removed from the group list.

Parent/Guardian Signature _____ Date _____

Teen Signature _____ Date _____

This form is valid for one program year and will expire on: August 31, 2022.

***Copies of this form will be kept with the group/ministry leader and her supervisor.**