Divine Mercy Catholic Church
YOUTH MINISTRY
Registration Forms
9th-12th

(New parishioners please submit Parish Registration Form also.)

Grade_____

Teen Name: _____

DOB:_____

Phone # for Texts:_____

Email:_____

Parent Name: _____

Phone # for Texts:_____

Email:_____

- □ **Registration Form**
- □ **Parent Guardian Consent Form and Liability Waiver (Front and Back)**
- □ **Photography and Image Assignment Waiver and Release**
- □ **COVID-19 Form**

Parental Guardian Consent Form & Liability Waiver

(This form is required for minors to attend an off property event or trip).

Applicant Information

Participant's Name:	Date of Birth:		
Address:	City	State:	Zip:
Home Phone:	Parent/Guardian's Name:		
Cell Phone:	Work Phone:	Other number where Parent/Guardian can be reached during event:	

Consent & Liability Waiver

Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older and in high school.

In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany (entity name) _____ to:

Event & Location: DMCC	Date & Time: Sunday Nights 6-8
☑ Transportation Not Provided ☐ Transportation Provided	Method of Transportation: Self

I acknowledge that (entity name) _____ is providing transportation only from _____ to and from the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) _____ rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (entity name) _____, The Diocese of Orlando, any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.

Parent/Guardian Signature
(must sign for any participant under 18 &/or 18 or older & in high school)

Date

Participant: In signing the line below, I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand there will be consequences for my actions, including being removed from the activity and being sent home at my parents/guardian's expense.

Participant's Signature

Date

Insurance Information

☐ No, I do not carry medical insurance at this time. ☐ I do carry medical insurance at this time.			
Insurance Carrier:			
Name of Insured:		Insurance Policy Number:	
Father's Name:	Day Phone	Mother's Name:	Day Phone:

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

Diocese of Orlando Parental/Guardian Medical Information & Consent Form

Participant's Name:_____ **Date of Birth:**_____

Address_____ **City/State/Zip**_____

Home Phone:_____

Father's Name: _____ **Phone:** _____

Mother's Name: _____ **Phone:** _____

Emergency Contact Name: _____ **Phone:** _____

Language Spoken by Emergency Contact: _____

Medical Matters

I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information & Consent Form if there are any changes to my child's health. *(Please initial)* _____

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. *(Please initial)* _____

Family Doctor _____ **Phone** _____

Medications

I hereby Grant Permission for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless (entity name) _____**, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. *(Please initial)*** _____

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:

Medication: _____ **Dosage:** _____ **Administer:** _____

Medication: _____ **Dosage:** _____ **Administer:** _____

Medication: _____ **Dosage:** _____ **Administer:** _____

Medical Conditions Information: (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.)

My son/daughter:

- **Is allergic to the following medications** _____
- **Has had an episode of the following or has been diagnosed with: ☐ Seizures ☐ Asthma ☐ Diabetic**
- **Has had allergic reactions to the following (foods, dyes, latex, etc.)**_____
- **Has had a medical surgery within the last six months? ☐ Yes ☐ No Still under doctor's care? ☐ Yes ☐ No**
- **Has a medically prescribed diet *(please explain)*** _____
- **Has the following physical limitations**_____
- **Immunizations current and up to date? ☐ Yes ☐ No Date of last tetanus/diphtheria immunization**_____
- **You should also be aware of these special medical conditions of my child:** _____

Insurance Information

☐No, I do not carry medical insurance at this time.

☐ I do carry medical insurance at this time.

Insurance Carrier: _____ **Name of Insured:** _____

Insurance Policy Number: _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

I fully understand the foregoing statements and sign this Medical Information & Consent Form knowingly, freely, and willingly.

_____ _____

Parent/Guardian Signature ***(must sign for any participant under 18 &/or 18 or older & in high school)*** **Date** **4/2013**

PHOTOGRAPHY AND IMAGE ASSIGNMENT, WAIVER, AND RELEASE

As you review this photo release form, please do so with regard to any particular considerations of photos of your child being available on-line or in print.

I, _____, for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to **[Divine Mercy Catholic Church]** and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property.

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

_____

Signature

_____

Date

Witness:_____

If applicable, name(s) of minor children/wards _____

Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Divine Mercy Catholic Church ("DMCC" or the "Parish") has put in place preventative measures to reduce the spread of COVID-19; however, we **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **participation in Youth Ministry could increase** your child(ren)'s or your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in Youth Ministry at DMCC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at DMCC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, School employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in Youth Ministry at DMCC ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless DMCC and the Diocese of Orlando, and all of their current, former, and future agents, representatives, religious and employees and related entities (collectively, "the Diocese") of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Diocese, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after or participation in Youth Ministry.

_____ _____

Signature of Parent/Guardian **Date**

_____ _____

Print Name of Parent/Guardian **Name of Participant**

Lifeteen Calendar 2021-2022

September 12 – Kiddie Pool Kickoff

September 19

September 26

October 3 – Pet Blessings

October 10

October 17

October 24 – Blessing Bag Night with diocese

October 31 – One Day "Search" Retreat - Halloween – (All Saints Day Nov 1)

November 7

November 14

November 21 - (Advent begins the 28th)

November 28th – No Youth Group - Thanksgiving

December 5

December 12

December 19

December 29 - No Youth Group- Christmas Break (Schools out Dec 22-Jan 5th)

January 9

January 15 & 16 - (MLK is 17 – no school) Lock-in weekend - TBD

January 25

January 30

February 6

February 13

February 20

February 27 – (Lent starts March 3rd)

March 6

March 13– No Youth Group - (Spring Break Begins 14-18)

March 20 – No Youth Group – Spring Break

March 27

April 3

April 10 – Palm Sunday

April 17 – Easter – No Youth Group

April 24–

May 1st –

May 8th – No Youth Group – Mother's Day

May 15th – Last Class

Other Dates: Once a month, lets do confession and community (like go bowling etc. after confession) - TBD

First Reconciliation – Wednesday, December 15 at 6:30 PM

March 2 – Ash Wednesday

Confirmation – March 11 – 7:00 PM

First Communion – Saturday, April 30 at 10:00AM

Steubenville Conference in Orlando – July 8th – 10th, 2022

Rock the Universe – January TBD (22,23 or 28,29)