St. Mary of the Assumption Parish Youth Ministry Registration 2018-19

Grades 7-12

Please complete and return along with the fee and medical waiver to the Parish Office

Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First

Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you registered in St. Mary Parish? \_\_\_\_\_Yes \_\_\_\_\_No

Are you willing to volunteer in the Youth Ministry Program? \_\_\_\_\_Yes \_\_\_\_\_No

**I realize that these faith formation classes alone cannot form my children, but that they will be formed as Catholic Christians by a combination of education, weekly worship, and practice.**

**Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fee: $65 per child with a maximum of $160 per family**

Child Information:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First

School Attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (17-18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sacraments Received: \_\_\_\_Baptism \_\_\_\_Reconciliation \_\_\_\_Eucharist \_\_\_\_Confirmation

Anything that would be helpful for your child’s catechist to know (include activities of your child):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Information:

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**Archdiocesan Policy: Guidelines for Youth Activities**

Parental rights, good administration and youth protection dictate that the appropriate sharing of information and granting of permissions be involved when youth participate in parish-based activities.

The Archdiocese of Cincinnati has developed a sample form to satisfy these needs. While this particular form is not mandated for use in the parishes of the Archdiocese, it is recommended.

Whether the particular recommended form is used or not, the following written documentation is required in some form, whether a child is registering for an ongoing program or for a single activity.

 1. Name of student

 2. Name of parish/school

 3. Name of adult in charge

 4. Date of activity or regular time for program

 5. Location of activity

 6. Telephone number where youth can be reached in case of a family emergency

 7. Telephone number to reach parent/guardian in the event of an emergency

 8. Starting time or date, ending time or date

 9. General description of program or activities which are involved

 10. Method of transportation (if any)

 11. Cost (if any)

In addition to providing this information to the parents, the form must provide a place for the parent to give permission for the child to participate in the program or activity and to receive emergency medical care (including pertinent medical information), if the activity will take the youth some distance from home. In addition there must be a release of the Archdiocese of Cincinnati, the Archbishop of Cincinnati (the “Archbishop”), the parish and the school from liability in the event of accident or injury to the youth utilizing the following language: *I, the parent or lawful guardian of (the “child”), give permission for my child to participate in the activity described on the reverse and* *release from all liability and indemnify the Archdiocese of Cincinnati, the Archbishop of Cincinnati, both individually and as trustee for the Archdiocese of Cincinnati, and all parishes and schools within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity*. A parent or legal guardian must provide for the above by written signature and date and also supply a telephone number where the parent can be reached in case of an emergency involving the child.

The permission and release forms are to be maintained throughout the duration of the activity and should be retained for not less than two years following the conclusion of the activity. The permission and release form should be carried by a designated adult on trips away from church/school premises.

(Revised 2016)

**ARCHDIOCESE OF CINCINNATI**

**PERMISSION, RELEASE AND**

**AUTHORIZATION TO SEEK MEDICAL TREATMENT** (rev. 09-2017)

1. I, the parent or lawful guardian of (the “child”), give permission for my child to participate in the activity described on the *Activity Information* form (the “Activity”) and release from all liability and indemnify the Archdiocese of Cincinnati (the “Archdiocese”), the Archbishop of Cincinnati (the “Archbishop”), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys’ fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the Activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.

2. I further understand that my Child’s participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child’s participation in the Activity in spite of the risks.

3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

4. I appoint the Archbishop or his agents who are acting as leaders of the Activity to seek medical treatment of my child in the event of any injury, illness or medical emergency occurs during the activity or related travel. I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

5. I [ ] agree [ ] do not agree that the Archbishop or his agents may use my child’s portrait or photograph or video for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.

6. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and my own and my Child’s personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian Date / /

Signature of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address City Zip

Place of Employment

Work Address City Zip

Parent or Guardian Phone No. (cell): ; (other Phone No.):

Emergency Contact Phone No. (cell): ; (other Phone No.):

Page 1 of 3

**Medical Information — Completed by Parent or Guardian — Please Print**

Child’s Name Birth date / /

Child’s Soc. Sec. No. \*

Allergies

Medications

Chronic Conditions (e.g. epilepsy, diabetes)

Medical Insurance Co. Policy No.

Member’s Name Phone No. (h) (w)

Member’s Birth date / / Member’s Soc. Sec. No. \*

Family Doctor Phone No.

\* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.

**Medical Information — Completed by Parent or Guardian — Please Print**

Child’s Name Birth date / /

Child’s Soc. Sec. No. \*

Allergies

Medications

Chronic Conditions (e.g. epilepsy, diabetes)

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Child’s Name Birth date / /

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Allergies

Medications

Chronic Conditions (e.g. epilepsy, diabetes)

Medical Insurance Co. Policy No.

Member’s Name Phone No. (h) (w)

Member’s Birth date / / Member’s Soc. Sec. No. \*

Family Doctor Phone No.

\* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.

Page 2 of 3

**ACTIVITY INFORMATION**

**Completed by Church Agency - Please Print**

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

**A. On-Going Program**

Church Agency St Mary of the Assumption Program or Group Youth Ministry 7-12

Starting Date August 1, 2018 Ending Date June 30, 2019 Registration Fee $65.00

Usual Location Youth Room Usual day and time Sundays 7:00 PM to 8:30 PM

Routine Activities Perayer, Small Group Discussion, Games, Activities

Group Leader Mike Hoendorf Telephone No. 937-430-1471

Other Information Occasional Offsite Events to be Announced

 Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).

**B. One-Time Activity**

Church Agency Activity

Location Emergency No. Cost

Starting Date and Time Meeting Place

Ending Date and Time Meeting Place

Activities Involved

Type of Transportation (if any)

Group Leader Telephone No.

Other Information

\_\_\_\_\_ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).

Signature of Parent/Guardian: Date: / /\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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