



## Registration for 2018 - 2019

ROOTED is a youth ministry program open to all 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> graders.

### Registration Break Down

3<sup>rd</sup>-5<sup>th</sup> grade:

\$30.00 for 1 child (Suggested Donation to cover cost for the year)

\$20.00 each additional child (Suggested Donation to cover cost for the year)

Registration fees will go towards the purchase of a ROOTED Youth Ministry T-shirt (designed only for the ROOTED Participating Children), Food, Supplies, and Materials used on each ROOTED Class.

For more information and registration questions, please contact Kelli LeBlanc at email [kellibleblanc@yahoo.com](mailto:kellibleblanc@yahoo.com)

Please like us on Facebook - St Bernard Church ROOTED Youth Ministry

Please mail registration form and checks made payable to St Bernard Church to address below. Please provide in memo field ROOTED, your child's name, and grade entering in the fall.

Example: Memo: ROOTED - Jane Doe - 4th

St Bernard Church's ROOTED Youth Ministry  
215 E Bridge St  
Breaux Bridge, LA 70517

## Please Keep This Page For Your Records

# Student Registration Information

Please print legibly and circle when necessary

Name: \_\_\_\_\_ Gender: Male Female

T-Shirt Size: Youth Small Youth Medium Youth Large Youth X-Large

Which grade are you registering for: 3rd 4th 5th

School you attend: \_\_\_\_\_ Birthday \_\_\_\_\_

Child Mailing Address: \_\_\_\_\_

Parents: \_\_\_\_\_

Parents email: \_\_\_\_\_ (Mom)

\_\_\_\_\_ (Dad)

Parents Number: \_\_\_\_\_ (Mom) \_\_\_\_\_ (Dad)

Child's Number: \_\_\_\_\_

If parent(s) allows child to receive texts for updates on ROOTED Nights Only.

Parents Address: \_\_\_\_\_

Parents Marital Status: Married Single Divorced Widowed

(Custody Arrangements/Separated/divorce families/restraining orders should be sent to the ROOTED Core Team with specific instructions)

Religion: \_\_\_\_\_

Medical - Are there any special needs or medical conditions that the leaders need to know about? Yes or No If yes: \_\_\_\_\_

Taking any medications that we need to know about? Yes or No

If yes: \_\_\_\_\_

Allergic to Food or Drugs? Yes or No

If yes: \_\_\_\_\_

Parish Registered? \_\_\_\_\_

## **Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ 2nd Number: \_\_\_\_\_

## **Medical/Emergency Information:**

(A copy of Insurance Card must be attached to this form, mailed, or brought to parents meeting)

Family Health Plan Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Notes: \_\_\_\_\_

**Signatures Required ..... on backside of page**

**Consent/Liability Waiver**

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (“participating”). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St Bernard Roman Catholic Church, and its officers, directors, employees and agents, and the Diocese of Lafayette, its employees and agents, chaperons, or representatives associated with the event, from any claim arising form or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Lafayette, its employees and agents and chaperons, or representatives associated with the even for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

**Medical Matters:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Emergency Medical Treatment:**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. St Bernard Parish will attempt to contact you directly or the emergency contact prior to treatment by the hospital or doctor.

**Other Medical Treatment:**

In the event it comes to the attention of the parish, its officers, directors, and agents, and the Diocese of Lafayette, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as a headache, vomiting, sore throat, fever, diarrhea, I want to be called. By signing below I consent to Liability Waiver, Medical Matters, Emergency Medical Treatment, and Other Medical Treatment.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Model Release - Social Media**

**Permission Granted:** I hereby grant permission for my child to be photographed and/or videotaped during ROOTED Youth Ministry activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting ROOTED Youth Ministry and/or youth programs at St Bernard Catholic Church. I hereby grant permission for my child to be contacted via phone, SMS, and social media sites such as but not limited to parish websites, Facebook, Twitter, Vine, Instagram, Vimeo, and YouTube for the purpose of promoting ROOTED Youth Ministry and/or youth programs at St Bernard Catholic Church and/or to proclaim our faith that Christ is God, the Savior of humanity and of history, the one in whom all things find their fulfillment. I understand that my child may decline to be contacted at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission Denied:**

I hereby decline to grant permission for my child to be photographed and/or videotaped during ROOTED Youth Ministry activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify ROOTED Youth Ministry coordinators and/or Core Team/Volunteer Members that he/she may not be photographed and/or videotaped under any circumstances. I hereby decline to grant permission for my child to be contacted via phone, SMS, and social media sites such as but not limited to parish websites, Facebook, Twitter, Vine, Instagram, Vimeo and YouTube for the purpose of promoting ROOTED Youth Ministry and/or youth programs at St Bernard Catholic Church and/or to proclaim our faith that Christ is God, the Savior of humanity and of history, the one in whom all things find their fulfillment. I have instructed my child to notify ROOTED Youth Ministry coordinators and/or Core Team / Volunteer Members that he/she may not be contacted under any circumstances.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Safe Environment for the Protection of Children and Young People**

The Diocese of Lafayette/Bishop Deshotel mandates all Church Parishes provide a Safety Education lesson/video as part of the Religious Education Program. (A dated Letter MUST accompany this form if you Do Not want your child to participate in the Safe Environment lesson/video)

\_\_\_ I GIVE permission for my child to participate in the Safety Education lesson/video  
\_\_\_ I DO NOT want my child to participate in the Safety Education lesson/video.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_