



# Our Lady of the Angels

Catholic Church • Lakewood Ranch, FL

## 2018-19 Youth Registration

High School: Sundays, 6:15-8:00 pm

Middle School: Wednesdays, 6:15-7:30 pm

No Registration Fee\*

**\*\*\*Annual registration is necessary for all Youth involved in a Youth Group and/or Sacramental Preparation.**

### FAMILY INFORMATION

Family Name: \_\_\_\_\_ Registered in Parish? (Y / N) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

*E-mails are our primary means of communication and are always used as BCC to protect privacy.*

Father's First Name: \_\_\_\_\_ Last Name (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different from above)

Cell Phone: \_\_\_\_\_ Religion: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name (if different): \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different from above)

Cell Phone: \_\_\_\_\_ Religion: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

### EMERGENCY CONTACT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### STUDENT REGISTRATION

<b>1</b>	First Name (& Last, if different)	Gender M / F	Birth Date ___ / ___ / ___	Grade	Academic School
Has the Student received...	...a Catholic Baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	...Catholic First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	...Catholic Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
YOUTH CONTACT INFORMATION: <i>All youth communications will be sent to parents as well.</i>	YOUTH EMAIL	YOUTH CELL			

<b>2</b>	First Name (& Last, if different)	Gender M / F	Birth Date ___ / ___ / ___	Grade	Academic School
Has the Student received...	...a Catholic Baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	...Catholic First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	...Catholic Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
YOUTH CONTACT INFORMATION: <i>All youth communications will be sent to parents as well.</i>	YOUTH EMAIL	YOUTH CELL			

\*No Registration Fee: Optional Youth events throughout the year will have their own separate fees.

Office Use Only: Date: \_\_\_\_\_ Par. Reg.  Bapt. Cert.  Parental Forms:  Payment:

**STUDENT REGISTRATION (cont.)**

<b>3</b>	First Name (& Last, if different)	Gender	Birth Date	Grade	Academic School
		M / F	___ / ___ / ___		
Has the Student received...	...a Catholic Baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____		...Catholic First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	...Catholic Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Youth Contact Information: <i>All youth communications will be sent to parents as well.</i>		Youth Email		Youth Cell	

<b>4</b>	First Name (& Last, if different)	Gender	Birth Date	Grade	Academic School
		M / F	___ / ___ / ___		
Has the Student received...	...a Catholic Baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____		...Catholic First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	...Catholic Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Youth Contact Information: <i>All youth communications will be sent to parents as well.</i>		Youth Email		Youth Cell	

**CONFIRMATION PREPARATION: 9<sup>th</sup> & 10<sup>th</sup> Grade (or older)**

*Students are Confirmed in the 10<sup>th</sup> grade here in the Diocese of Venice. Preparation for Confirmation is a two-year process, requiring participation in a faith formation program for two consecutive years. In the second year, parents and students are required to attend additional preparation meetings apart from Youth Group meetings (view the schedule on parish website).*

**Do you have an Youth in need of the Sacrament of Confirmation?**

- Yes, entering 9<sup>th</sup> grade. First Name(s) of Youth: \_\_\_\_\_
- Yes, entering 10<sup>th</sup>-12<sup>th</sup> grade. First Name(s) of Youth: \_\_\_\_\_

**FIRST COMMUNION & CONFESSION PREPARATION**

***Please fill out this section only if your youth has not yet made First Communion.***

*Preparation for First Communion is a two-year process, requiring participation in a faith formation program for two consecutive years. In the second year, parents and students are required to attend additional preparation meetings apart from Youth Group meetings. The Religious Education Office will contact you concerning these dates and times.*

**Do you have an Youth in need of the Sacraments of Communion & Confession?**

- Yes. First Name(s) of Youth: \_\_\_\_\_

**The Parents' Role in the Development of the Life of a Teen**

Numerous studies show that a teenager's perspective on life—from sports to school, career aspirations to prayer life, or his/her approach to sex and drugs—is largely influenced, for better or worse, by his/her parents. Teens hunger for a place and a community to meet their growing needs to be understood, to belong, to be transparent, to engage in critical thinking about faith & life, and to find guidance. But, they also need to find those avenues for maturity from you: Mom and Dad. Prayerfully consider joining our large group of adult volunteers—many of which are parents themselves.

**PARENT VOLUNTEER OPPORTUNITIES**

- Middle School Core Team Member (Wednesday nights; Grades 6-8; facilitating small group discussion)
- My teen **prefers** me to be in his/her group.  My teen **does not prefer** me to be in his/her group.
- High School Core Team Member (Sunday nights; Grades 9-12; facilitating small group discussion)
- My teen **prefers** me to be in his/her group.  My teen **does not prefer** me to be in his/her group.
- Hospitality Team Member (Organize and serve at monthly potlucks on Sunday nights)



DIOCESE OF VENICE IN FLORIDA

**MEDICAL AUTHORIZATION FOR MINOR**

NAME OF MINOR: \_\_\_\_\_ D.O.B. \_\_\_\_\_

PARISH/SCHOOL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PARENTS/GUARDIANS: \_\_\_\_\_ / \_\_\_\_\_

PHONE #s: CELL: \_\_\_\_\_ HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

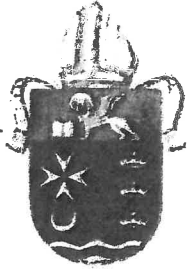
**MEDICAL INFORMATION:** Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

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

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian



*DIOCESE OF VENICE IN FLORIDA*

**AUTHORIZATION FOR RELEASE AND USE OF STUDENT IMAGE  
IN PHOTO, VIDEO FILES OR OTHER MEDIA**

I, the undersigned parent/legal guardian of \_\_\_\_\_, a minor/student in  
Grade \_\_\_\_\_, hereby grant to \_\_\_\_\_ (School) the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above minor in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of my minor individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of my minor individually or in conjunction with other images or printed matter on the school's Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate my minor's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of minor; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image of minor will become the property of the school. I hereby waive the right to inspect or approve my minor's image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of minor's image, and nothing herein will create any obligation on the part of school to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, \_\_\_\_\_ Catholic School, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of minor's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

\_\_\_\_\_  
Parent/Guardian's Signature

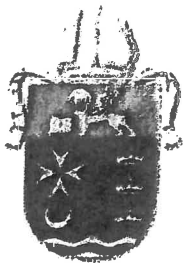
\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**Please return this form to  
the school or parish office**

Revised 1/2014



DIocese OF VENICE IN FLORIDA

CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION FORM  
FOR TRIPS, PROGRAMS AND EVENTS

NAME OF PARTICIPANT(S)\* \_\_\_\_\_ DOB: \_\_\_\_\_

*\*See attached list for all family members attending*

ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

SCHOOL/PARISH/DIOCESAN ENTITY \_\_\_\_\_

NAME OF TRIP, EVENT OR PROGRAM \_\_\_\_\_

I, the undersigned adult participant or parent/legal guardian of the above named minor participant (for myself and any named minor, our heirs, personal representatives, assigns and next of kin), request permission to participate in this particular event and/or the various field trips and other on and off site activities of the above school/parish/diocesan entity programs throughout the year. I understand that I will receive notice of scheduled field trips and events via an Event Notification Form, if applicable, and my signature consenting to my or my minor's participation shall also indicate the inclusion of the terms of this Consent, Release of Liability and Indemnification Agreement to each trip or event. In consideration for the agreement by the school/parish/diocesan entity to permit my/minor's participation, and intending to be legally bound, I, individually and on behalf of my youth, do hereby:

1. Release, discharge and covenant not to sue the Diocese of Venice in Florida and the Most Rev. Frank J. Dewane, Bishop of the Diocese of Venice, individually and as a corporation sole, the above Parish/School/Diocesan Entity; and their employees, clergy, agents and volunteers (hereinafter Releasees), from any claim, demand, action, or liability whatsoever on account of injury or loss to the person or property of minor child or adult in conjunction with said event, including travel to and from, whether caused by the negligence of the Releasees or otherwise, excluding acts of gross negligence or intentional misconduct;
2. Indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur incident to adult or minor's participation in the above event, whether caused in whole or part by the negligence of Releasees or otherwise;
3. I do further agree that school/parish/Diocesan entity/Diocese of Venice officials, agents, and/or employees have the right to terminate the participation of the above named for reasonable cause, as determined within the discretion of the event/trip leader. In such event, only the funds not actually used will be refunded. I will be responsible for any and all travel costs incurred to return the above named early from the event/trip.
4. I understand that throughout the year I/my minor may be informed via an Event and Trip Notification Form of activities apart from those on-site activities which are school/parish sponsored. If I do not give permission and sign the Event and Trip Notification Form, I am responsible for myself or the supervision of my minor at such event should I choose to attend independently of the program, although agents, employees and volunteers of the school/parish youth program/Diocesan entity/Diocese of Venice may also plan to be present at such events.
5. I understand that the school/parish/Diocesan entity youth programs may include sports (football, swimming, wrestling, etc.) and/or other risky activities (rafting, etc.). These sports activities involve certain risks including, but not limited to, travel to and from the site of the activity, severe physical contact, and the possible reckless conduct of other participants. These risks also include, but are not limited to, serious

injury, potential for permanent paralysis, or death. The sporting activities may be conducted at sites that are at some distance from available medical assistance, and any equipment provided for protection may be inadequate in preventing serious injury.

6. I understand and assume the risks inherent with any extended event, which may involve certain risks beyond the reasonable control of the Parish/school/Diocesan entity and the Diocese of Venice, and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the staff of the independent entity at the location of the event (not Parish or School staff). The Parish/school/Diocese or Diocesan entity disclaim any and all responsibility for any such risks by such independent vendors.
7. I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperones to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperones to supervise my youth every minute of every day while attending this program/event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperones, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such a program/event.
8. I further represent that the above named is covered by accident and health insurance, and I agree to maintain coverage in full force and effect for the duration of the year. I have completed a Medical Authorization which is on file with the sponsoring school/parish/Diocesan entity in the event emergency medical care is required. I understand that the school/parish/Diocesan entity/Diocese of Venice provides no insurance which will cover my child in conjunction with future trips. I agree to full financial responsibility for any medical treatment provided to him/her.

Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\*Additional family members participating:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_