



St. Rose of Lima High School Youth Ministry Registration Form 2019-2020

Family Information:

Mother's/Guardian's Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_.

Father's/Guardian's Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_.

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Please indicate which phone number is preferred contact for youth ministry related issues: \_\_\_\_\_

Email: \_\_\_\_\_.

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_.

Emergency Information (to be contacted if neither parent is available):

Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_ Home

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_. Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_. Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_.

Student Information:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female High

School / Home School: \_\_\_\_\_.

Date of Birth: \_\_/\_\_/\_\_\_\_.

Has your teen received his/her sacraments? (circle): Yes No

Please indicate any medical conditions, allergies, or dietary restrictions that we should know about:

\_\_\_\_\_

Please indicate any special needs/ mental health needs/ diagnoses that we should know about:

\_\_\_\_\_

Please indicate any medications that are required for your child:

\_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ My

child has permission to be given Tylenol if they request it: Yes: \_\_\_\_\_. No: \_\_\_\_\_.

Custody/Legal Issues \_\_\_\_\_ Please provide most recent court order.

Student Contact Information/ Permission

Student Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Initial here if you give permission for student to receive youth group updates, information, or communication with youth minister via Remind/Groupme.

Student Email: \_\_\_\_\_.

\_\_\_\_\_ Initial here if you give permission for student to receive youth group updates, information, or communication with youth minister/St. Rose volunteers.

**Photo/Video Permission:**

I give my permission for St. Rose Youth Ministry to use pictures and videos of my child for the use of advertising and promotional use within the Parish and on certain social media sources such as Facebook, Twitter, Instagram, Youtube, and on posters and local Parish videos.

**Transportation Clause:**

I give permission for the youth minister and approved volunteers to drive my child to and from events with the Youth Group.

**Liability Statement and Medical Permission**

Knowing that there will be proper supervision, in case of injury, I will not hold St. Rose of Lima Parish or the Archdiocese of Philadelphia or any person or persons connected with them liable. I give permission that, in my absence, my children whose names appear on this form may receive emergency medical care for injuries and situations that should occur while participating in St. Rose of Lima High School Youth Ministry.

Parent's Name: \_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_

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