

St. Joseph, pray for us!

# St. Joseph Parish Youth Ministry

## Registration

### 2017 /18

Please take a moment to register for this year's Youth Ministry at St. Joseph, Colbert. St. Joseph Parish's Youth Ministry programs are open to all students 6-12 grade. **Annual registration is necessary even for those who have participated in the past.** This ensures that we have up-to-date information for effective communication.

Please note that all submitted information will be added to Flocknote for ease of communication.

### Student Information

Name

Last

First

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Home Address

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Birthdate

Cell Phone Number

Grade in Fall 2017.

School Attending

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## Medical / Personal Information

*Medical Matters: I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable).*

**Emergency Medical Treatment:** In the event of an emergency, I hereby grant permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers above, contact:

Name

Relationship

Phone Number 1

Phone Number 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Family Doctor

Phone Number

Family Health Plan Carrier

Policy #

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Spokane, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

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

**Medication:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. The names of medications and concise directions for seeing that the child takes such medications, including the dosage and frequency of said dosage, are as follows:

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

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

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

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child if deemed appropriate.

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

**Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence.

Allergic Reactions (medication, foods, plants, insects, etc.)

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Does the child have a medically prescribed diet?:

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Any physical limitations?:

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Is the child subject to chronic homesickness, emotions reactions to new situations, sleepwalking, bedwetting, fainting?:

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You should be aware of these special medical conditions of my child:

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\* To aid your Youth Ministry team in their task as spiritual guides, and so that we might be sensitive to any personal situations, please indicate any additional information you would us to know such as any major life events (i.e. divorce, death, marriage, birth, etc.) or any other information you think would be valuable to your Ministry team please indicate here:

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*St. Joseph, pray for us!*

## Parent / Guardian Information

Name 1

Last

First

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Cell Phone Number   Home Phone Number   Business Phone Number

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Email Address

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Name 2

Last

First

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Cell Phone Number   Home Phone Number   Business Phone Number

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Email Address

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## Photography and Video Policy

Please be aware, that your child's picture, video or audio may be taken as part of St. Joseph, Colbert Youth Ministry activities. Such activities include recruitment, fund-raising, etc. (Names will not be used in pictures without specific permission.)

*Please indicate your preference:*

- I grant permission for the publication of photos, videos, or audio taken of my child at St. Joseph Parish, Colbert Youth Ministry events.
- I do not grant permission for the publication of photos, videos, or audio of my child.

## Liability Waiver

I, (name of parent/guardian) \_\_\_\_\_, grant permission for my child, (name of child) \_\_\_\_\_ to participate in the parish Youth Ministry program events at St. Joseph Parish, Colbert.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend, St. Joseph, Colbert its officers, directors, employees and agents, and the Arch/Diocese of \_\_\_\_\_, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from 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 Spokane, its employees and agents and chaperons, or representative associated with the event 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.

Signature of Parent or Legal Guardian

Date

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