

ST. MICHAEL PARISH HIGH SCHOOL YOUTH MINISTRY

St. Denis, St. Francis Xavier, St. Augustine, St. Joseph, St. Mary of the Assumption and Sacred Heart

2018-2019 REGISTRATION FORM

***Please return form to:

St. Michael Parish, 24 Washington St., Augusta, ME 04330 Attn: Angela Goulette

PLEASE PRINT CLEARLY- THANK YOU!

YOUTH'S INFORMATION:

Name: _____ Age: _____ DOB: _____

Address: _____

City/Town: _____ State: ME Zip: _____

Home Phone: _____ Primary Cell: _____ Preference: Text? Email?

Youth's Email: _____ School: _____ Grade: _____

Church you attend most often: _____ Registered with Parish? Y/N

Sacraments: Baptism? Y/N Confirmation? Y/N First Holy Eucharist? Y/N

My primary/legal residence is with: Both parents Mom Dad Mom/Stepdad Dad/Stepmom Other

MOTHER'S INFORMATION:

Name: _____

Home Address, if different from youth: _____ Same as youth

City/Town: _____ State: ME Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

FATHER'S INFORMATION:

Name: _____

Home Address, if different from youth: _____ Same as youth

City/Town: _____ State: ME Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

IN CASE OF EMERGENCY OR IF BOTH PARENTS ARE UNREACHABLE, PLEASE CONTACT:

Name: _____ Relationship: _____

Home Phone: _____ Work or Cell Phone: _____

Photography Waiver

I give permission to have the child listed on this form photographed for various events throughout the year. Photos may be used in promotional and informational material about Faith Formation at St. Michael Parish.

Signed: _____ Parent/Legal Guardian Date: _____

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MEDICAL RELEASE AND CONSENT FORM

PLEASE PRINT CLEARLY – THANK YOU!

GENERAL INFORMATION:

Name: _____ Age: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

PARENTAL CONSENT:

I, _____ (please print name of Parent/Legal Guardian), give permission for my son/daughter to participate in the activities of the Middle School Youth Ministry Program, and if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with the standard medical practice by licensed medical personnel. I relieve St. Michael Parish and the Roman Catholic Diocese of Portland of all responsibility and consequences that may arise as the result of this treatment. I will not hold the Parish, Diocese, chaperones, or representatives associated with the Youth Ministry responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of obtaining such treatment.

My son/daughter agrees to abide by all rules and regulations outlined in the Youth Ministry Handbook, including the Diocesan Code of Behavior. I understand that the Parish/Diocese will not be held liable if my son/daughter fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the youth ministry events. Should such dismissal occur, I will be responsible for any costs and/or other requirements for immediate transportation home.

This document also gives my permission for my child to ride with approved youth ministry adult drivers. A separate, written parental permission from me/us will be submitted seven days in advance, in the event that my child requires special travel arrangements to/from a youth ministry function. I understand that at no time should youth under age 21 drive themselves or other youth to events other than regular meetings or beyond the designated carpool gathering site.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

YOUTH CONSENT:

As a member of my Parish/Diocese, I, _____ (please print name of youth), understand and agree to the youth ministry rules and regulations that are outlined in the Youth Ministry Handbook. I also understand and agree that I will notify my parent(s)/guardian(s) at the time of any infraction requiring my dismissal from a youth ministry event and that I will be sent home at my expense and/or the expense of my parent(s)/guardian(s).

YOUTH SIGNATURE: _____ Date: _____

MEDICAL INFORMATION *(This information remains confidential):*

My son/daughter is **allergic** to: _____

My son/daughter must take the following **medication** (indicate dosage and frequency): _____

You should be aware of these **medical conditions** of my son/daughter: _____

INSURANCE INFORMATION *(This information remains confidential):*

Carrier: _____ Policy Carrier: _____

Policy#: _____ Date of Last Tetanus Booster: _____

In a medical emergency, please notify (if parents are not available): _____

Relationship to youth: _____ Phone: _____