Holy Spirit Youth Ministry

Registration Form

Youth's Name: _____ **Date of Birth:** _____

School: _____ **Grade:** _____

Name of Parents/ Guardians: _____

Address: _____
(Street) **(City)** **(Zip)**

Parent's E-mail Address: _____ **Youth's E-mail Address:** _____

Home Phone: _____ **Mom's Cell Phone:** _____ **Dad's Cell:** _____

If youth would like to get updates via Facebook, please give his / her Facebook name: _____

Long term Medical Information and Liability Waiver 2013-2014

As the parent/legal guardian of _____, I hereby grant permission for my child to be medically treated in case of sickness or accident. I understand and acknowledge that participation in the activities involves inherent risks of injury to my child. I agree to indemnify the Parish, Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his/ her participation in the activity. I further give my consent to that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

Who to Notify if parent/guardian is unavailable: _____
(Name) **(Phone)** **(Relationship)**

Physician: _____ **Phone:** _____

Insurance Carrier & Policy Number: _____
(Insurance carrier) **(Policy Number)**

Known Allergies/ Current Medications: _____

Other medical conditions: _____

Photographs: I authorize Holy Spirit Youth Ministry to use my child's picture or video recording for social/advertising purposes to include but not limited to the parish website, parish Facebook and bulletin boards on church grounds. Parents/guardians who do not wish their child to be photographed or filmed should notify Holy Spirit's Office of Youth Ministry in writing.

Use of electronic communication: I authorize Holy Spirit Youth Ministry to communicate with my child through the following electronic means: email and Facebook. Parents/guardians who do not wish to grant this permission should notify Holy Spirit's Office of Youth Ministry in writing. **Text messaging:** will only be used when absolutely necessary to convey administrative information while off site, situations may include but are not limited to a change in meeting location/time and separation from the group.

High School: I authorize Holy Spirit High School Youth Ministry to meet with my Youth at Caribou Coffee in the Kings Park Shopping for individual "Coffee Talk" (as outlined in the High School Program Description) if requested by the youth. Parents who do not authorize these meetings must notify the Holy Spirit Youth Office in writing.

Parent Signature: _____ **Date:** _____
(or youth if over 18)