


Blessed Sacrament Catholic Church Youth Group Registration Form

Please print clearly

Youth Participant's Name _____		
Date of Birth _____	Age _____	Grade _____
Address _____		City, State Zip _____
Youth's Cellphone _____		
E-mail Address _____		
Male Female Circle one T-Shirt Size: S M L XL XXL XXXL		
		
Parent/Guardian's Name _____		Cellphone _____
E-mail Address _____		
Home Phone _____		
Emergency Contact Name _____		
Phone Number of Emergency Contact _____		

Consent & Liability Waiver

To be filled out by the Parent/Guardian for youth under 18 years of age & individuals age 18 and in High school. Individuals 18 years of age and in high school must also complete and sign the Medical Release and Liability Waiver.

I grant permission for my son / daughter _____ to attend and participate in on-campus activities as a member of Blessed Sacrament Church's Youth Group.

Parent/Guardian's Signature _____ Date _____

I grant permission for the Youth Minister of Blessed Sacrament Church permission to email information or call my child regarding Youth Group events. I also grant that the Youth Minister can respond to text messages from my child relating to Youth Group events. When possible, all communication will also be duplicated to the parent. Parents are to encourage their child to include them in any correspondence to the Youth Minister.

Parent/Guardian's Signature _____ Date _____

Youth Participant: In signing below I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent/guardian's expense.

Youth Participant's Signature _____ Date _____

(Continued on back-Please complete BOTH sides of this form.)

Video/Photography Consent

Parents/Guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the youth ministry office &/or the Diocese of Orlando. (participants would not be identified, however, without specific written consent) please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which your child participates.

I hereby expressly assign to the Diocese of Orlando, and to all its agents all the rights, title and interest in, and all photos/videotape recordings made by such in which my child appears and/or his/her voice is used in and in connection with the videotaping of this event. I hereby authorize the reproduction, sale, lease copyright, exhibition, broadcast and/or any distribution of said photos/videotape without limitation for any purpose whatsoever; and I further waive all rights to any compensation for my child's appearance or participation in the photographs/videotape recordings.

Parent/Guardian's Signature _____ Date _____

DIOCESE OF ORLANDO PERMISSION FORM AND RELEASE OF LIABILITY FOR BLESSED SACRAMENT CHURCH

I am the parent/guardian of _____ give my permission for my child to attend Youth Goup on Blessed Sacrament Church property. By granting permission, I also waive any claims against, and release and hold harmless, Blessed Sacrament Church, the Diocese of Orlando, and any of their religious, employees, volunteers, agents and representatives, from any harm that occurs to my child while participating in Faith Formation classes at Blessed Sacrament.

In the event my child requires medical treatment or transportation for medical care, Blessed Sacrament Church will attempt to contact me at the number(s) listed above. If they are unable to reach me, Blessed Sacrament may contact the designated emergency contact at the number(s) listed above. If the chaperones, volunteers, or other adult supervisors are unable to reach the designated emergency contact, I authorize them to take appropriate measures to provide care and treatment for my child, to transport my child to the nearest emergency room or physician's office, or to call an emergency paramedic ambulance service.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian (Print Name)

MEDICAL INFORMATION: Please provide any additional, specific information about your child that you feel we need to know.

Child's Name: _____

Allergies: _____

Chronic or Acute Illnesses: _____

Medication Presently Being Taken: _____

Other Facts We Should Know _____

I acknowledge that all of the information provided is true and correct and will only be disclosed to the volunteers, or other adult supervisors and any medical providers as needed.

Parent/Guardian Signature

Date