

**YOUTH REGISTRATION for the following event(s):** \_\_\_\_\_

Name: \_\_\_\_\_

Parish Name: \_\_\_\_\_ City: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**GENERAL PERMISSION FORM**

I request that my child, \_\_\_\_\_, be allowed to participate in the event(s) on the date(s): \_\_\_\_\_ and if necessary, to travel in the provided vehicles or buses through Inter-Parish Religious Formation (IPRF) / Fox Valley Catholic Youth Ministry Association (FVCYMA) to and from the event(s) named above. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend, St. Mary & St. Joseph Parishes, IPRF, FVCYMA, and the Catholic Diocese of Green Bay, its officers, directors and agents, coaches, chaperones, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

**Videotaping and Still Photographs**

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may only be used for future promotional efforts, including the IPRF, parishes, and/or Diocese of Green Bay website.

**Code of Behavior**

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not permitted.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

*I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.*

*If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.*

Youth Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: I would like to chaperone if needed: \_\_\_\_\_

I would like to help with food: \_\_\_\_\_

**OVER PLEASE**

**MEDICAL PERMISSION**

I grant permission for the administration of First Aid to my child, \_\_\_\_\_, by the people in charge of the event, and those transporting my child to and from the event as their judgement deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalise, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

**INSURANCE INFORMATION**

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Wireless Phone: \_\_\_\_\_

In case of Emergency, contact: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**MEDICAL MATTERS:**

I hereby warrant that 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.)*

Participant's Name: \_\_\_\_\_ Allergic to medication/other? NO YES (circle one)

Birth Date: \_\_\_\_\_ If yes, please describe:

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

\_\_\_\_\_  
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 (such as aspirin, 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 (medications, foods, plants, insects, etc.):

\_\_\_\_\_  
Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_ If Yes, please describe

\_\_\_\_\_  
Any physical limitations? \_\_\_\_\_ If Yes, please describe:

\_\_\_\_\_  
Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition:

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

\_\_\_\_\_