

OUR LADY OF FATIMA YOUTH MINISTRY

FALL 2017 **MID-SCHOOL** OR **HIGH SCHOOL**
REGISTRATION **3 - 4:30 PM**
6:30 - 8 PM

Questions? Email Hannah at OLFyouth15@gmail.com

YOUTH INFORMATION

Name: _____ D.O.B: _____ Sex: M or F
School Name: _____ Grade: _____ (2017-2018)
Address: _____
City: _____ State: _____ Zip: _____
Home Phone Number: _____
Cell Phone #: _____
Email: _____

PARENT INFORMATION

Mother's Name: _____ Cell# _____
Mother's **Email address**: _____ Work# _____
Father's Name: _____ Cell# _____
Father's **Email address**: _____ Work# _____
Step Father: _____ Cell# _____
Step Mother: _____ Cell# _____
Primary Residence is with: (check one) Father Mother Both
 Both but in separate homes Other _____

If either parent lives at a different address and would like to have a duplicate of the mailings, please list their name and address here:

Name: _____
Address: _____ City: _____ Zip: _____

Check here to have e-mail as your primary form of correspondence (post cards/flyers/registration etc.)

PAYMENT INFORMATION: **\$30 for Materials & Snacks**

For office use only

Paid \$ _____ check # () cash _____ Date ____ / ____ / ____

OUR LADY OF FATIMA YOUTH MINISTRY

Please Circle One: Middle School or High School

Liability/Activity Release

This form MUST be signed by Parent/Legal Guardian

I grant permission for my child, _____ to participate in Our Lady of Fatima youth activities. As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor child.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Our Lady of Fatima Catholic Church, its officers, directors, employees and agents, and the Archdiocese of Denver, its employees and agents, chaperons, or representatives associated with the activities, from any claim arising from or in connection with my child participating in the activities, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Our Lady of Fatima, its officers, directors and agents, and the Archdiocese of Denver, its employees and agents and chaperons, or representative associated with the activities for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Our Lady of Fatima or the Archdiocese of Denver.

Parent / Legal Guardian Signature

Date

Photographic and Interview Release

I hereby grant consent and release to Our Lady of Fatima Parish to use my child's name and likeness, whether in still, motion pictures, audio and video tape; my child's photograph and/or reproductions of him/her including voice (which includes commentary, remarks, and/or recordings); features, with or without name, for promotional purposes involving Our Lady of Fatima Youth Ministry, for news and/or feature stories for Our Lady of Fatima publications or The Denver Catholic Register or other media (which includes internet, print, radio, television), except for endorsement of any commercial products.

These items may be used without limitation or reservation of any fee.

Minors cannot consent to media interviews or waive their privacy right. These decisions must be made by parents/guardians; therefore, this release form must be signed by parents/guardians when the individual is a minor.

Parent/Legal Guardian Signature

Date

Can we have your permission to publish your child's personal information in a Teen Directory that will be used **only by the CORE Team**?

Yes **No**

MIDDLE SCHOOL & HIGH SCHOOL YOUTH

MEDICAL MATTERS

The parish will take all responsibility and prudent care to see that confidentiality regarding the following information is maintained.

I/We hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child. I/We understand and acknowledge that any medical expenses related to illness or injury to my/our child are not covered by any insurance program maintained by the Archdiocese of Denver, and that I/we am/are responsible for such expenses.

Emergency Medical Treatment: In the event of an emergency, I/we hereby give permission to transport my/our child to a hospital for emergency medical or surgical treatment. I/we 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/us at the above numbers, contact: _____

Participant _____

Doctor's Name _____ Phone _____

Insurance Company _____ Policy # _____

Preferred Hospital provider if applicable _____

Allergic Reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/flu immunization: _____

Does Participant have a medically prescribed diet? _____

Any physical limitations? _____

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

Other special medical concerns: _____

Medications: Participant is taking medication at present

Yes

No

It is Participant's responsibility to bring all necessary medications, and to ensure they are clearly labeled.

Instructions from the Participant's family physician for these medications must be attached to this form.

The instructions must include the name, concise dosing directions, purpose of, and proper storage of and for all medications.

(see reverse)

NOTE: Parish staff and volunteers WILL NOT administer ANY medications requiring the use of a syringe or other needle delivery system. Alternate accommodations for must be made for these circumstances and the parish fully informed of the nature of such accommodations.

Notice: I want to be contacted in the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Denver, chaperons, or representatives associated with the activity that Participant experiences symptoms such as headache, vomiting, sore throat, fever, diarrhea, etc.

Yes No

I/We hereby grant permission for the following non-prescription medication (non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup, etc.) to be administered to the Participant, if deemed appropriate.

Yes No

Please list any exceptions

OR: 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.

Yes No

Parent / Legal Guardian Signature _____ Date _____

Parent / Legal Guardian Signature _____ Date _____