

Saint Timothy Youth Ministry

YOUTH MINISTRY REGISTRATION FORM

(Please complete one form per youth)

Name _____

Address _____

City _____

Home Phone # _____ Parent's cell phone# _____

Date of Birth _____

Youth's Cell phone # _____

Youth's Email Address _____ (please print clearly)

I am on Facebook: Yes No

Grade Level: _____ High School: _____

Mother's Name _____ Mother's Email _____

Father's Name _____ Father's Email _____

Mother's Cell # _____ Father's Cell # _____

Do you belong to St. Timothy Church? Yes No Parish _____

How do you want to be contacted: Email, text, phone call (circle)

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Members Name: _____ DOB _____

Parent/Guardian's Name: _____

Home Address: _____

Home #: _____ Mother's Cell #: _____ Father's Cell #: _____

I, _____, grant permission for my child, _____
(Parent or guardian's name) (child's name)

to participate in Saint Timothy Youth Ministry (STYM) events that require transportation to a location away from the parish/location site. These activities will take place under the guidance and direction of the paid staff (Youth Ministers) of Saint Timothy Church. Permission slips for individual trips will acknowledge my ongoing consent and furnish specific itineraries for the trip.

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above name minor ("Member").

Agree on behalf of myself, my child named herein, or our heirs, successors, ad assigns, to hold harmless and defend Saint Timothy Church, Union, KY, its officers, directors and agents, and the Diocese of Covington, chaperons, or representatives associated with the events, arising from or in connection with my child attending the events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Saint Timothy Church its officers, directors and agents, and the Diocese of Covington, chaperons, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ **Date:** _____

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.)

Parental/Guardian Medical Consent Form

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

Name & Relationship: _____

Phone: _____ Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of Saint Timothy Church, its officers, directors and agents, and the Diocese of Covington, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I will be called to pick-up my child.

Medications: If my child is taking medication at the time of an outing, 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, will be written on the permission slip for that particular outing.

Please indicate which directive you would like STYM to follow for your child and put and "X" on which you do not want to choose.

- 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: _____

OR

- 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 Medication Information; Saint Timothy Church will take reasonable care to see that the following information will be held confidential.

Allergic reactions: (Medications, food, plant, insects, etc.) _____

Immunizations: (Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

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