



SJV Youth Ministry Registration

Date: _____

Please print legibly and complete both sides of the attached forms

Youth Participant

Name: _____
First Middle Last Preferred name for nametag

Home Phone: _____ **E-mail:** _____

Address: _____
Street Address

_____ *City State Zip Code*

School: _____ **Grade:** _____ **Date of Birth:** _____

Participant lives with: *(circle one)* **Mother** **Father** **Mother & Father** **Guardian**

Sacrament(s) Registered for this year: *(circle)* **Baptism** **Reconciliation** **Communion** **Confirmation**

Ministry Being Registered For: **Middle School (grades 6-8)** **High School (grades 9-12)**

Parent/Guardian Information

Family Last Name: _____ **Registered in Parish?** Yes or No

Legal Parent/Guardian 1: _____
First Middle Last Relationship to youth

Phone: (Home) _____ **(Cell)** _____

(Work Phone) _____ **Email:** _____

Address: _____
Street Address

_____ *City State Zip Code*

Parent/Guardian 2: _____
First Middle Last Relationship to youth

Phone: (Home) _____ **(Cell)** _____

(Work Phone) _____ **Email:** _____

Address: _____
Street Address

_____ *City State Zip Code*

Youth Safety

As Catholics we believe that each person has been created in the image and likeness of God. As such, Saint John Vianney Catholic Church and youth ministry makes every effort to preserve the dignity and safety of each teen by acting in accordance with all rules and regulations of the United States Conference of Catholic Bishops, local law enforcement and the Diocese of Orlando regarding the protection of children and young people. The websites below offer further information.

Diocese of Orlando's Policies and Procedures

http://www.orlandodiocese.org/departments/youth_young_adult/downloads/pp.pdf

Child and Youth Protection

http://www.orlandodiocese.org/who_we_are/child_youth/index.php

Safeguarding God's Children

<http://nfcym.org/youthprotection/documents/SGC09-06Revision.pdf>

The Children's Online Privacy Protection Rule

The Children's Online Privacy Protection Act, effective April 21, 2000, applies to the online collection of personal information from children under 13 (in the Diocese of Orlando, it is children under 18). The rules spell out what a Web site operator must include in a privacy policy, when and how to seek verifiable consent from a parent and what responsibilities an operator has to protect children's privacy and safety online.

Behavior Guidelines:

In order to maintain the spirit of youth ministry and the well being of each person, the following behaviors are

expected:

- Respect for others; fair play, honesty
 - Respect for self; good judgment concerning clothing, and behavior
 - Positive contribution of talents to the community
 - Respect for property
 - Prompt arrival/departure at scheduled events
- Courtesy in adhering to RSVP dates for events

prohibited:

- Smoking, alcohol or drugs
- Weapons or violence of any kind
- Bullying, teasing, sexual harassment, racial slurs or defamation of character

Discipline:

Youth ministry makes every effort to handle any incidents in a Christ-like, pastoral manner. Most incidents are minor and can be handled through a cooling off period or through adult-youth or youth-youth conversations. If there are persistent disruptions a parent/guardian will be contacted. Damage to property will be repaired or replaced by the young person(s) responsible for the damage. All illegal activities will be handled through local law enforcement and diocesan procedures.

Departure:

At the end of an event, young people will be escorted to the front doors of the Saint John Vianney ministry building. For late pick-up and inclement weather, teens will remain in the building and parents/guardians or other adults authorized by legal parents/guardians must come inside to get them.

We have read, discussed and agree to abide by the above guidelines.

PARENT/GUARDIAN:(Print)

(Sign)

Participant: (Print)

(Sign)

DATE: _____

Diocese of Orlando

OFFICE OF YOUTH & YOUNG ADULT MINISTRY •

PARENTAL/GUARDIAN CONSENT FORM, LIABILITY WAIVER & MEDICAL CONSENT (Transportation Not Pro-

please PRINT legibly

Youth Participant's Name: _____ **Date of Birth:** _____
Address _____ **City/State/Zip** _____
Home Phone: _____ **Male** **Female** (? *please circle* ?) **T-Shirt Size:** S M L XL XXL XXXL
Parent/Guardian's Name: _____ **Cell Phone:** _____ **Work Phone:** _____
Other number where Parent/Guardian can be reached during event: _____
Emergency Contact Name: _____ **Phone:** _____

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age & individuals age 18 or older and in high school. Individuals age 18 or older and still in high school must also complete and submit a ADULT MEDICAL RELEASE AND LIABILITY WAIVER as well.

In consideration of the program in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany Saint John Vianney Catholic Church's Youth Ministry program to:

Event & Location: Youth Ministry Weekly Meetings at Saint John Vianney Church Property (6200 S. Orange Blossom Trail)

Date & Time: _____ Sundays, Sept 2011—June 2012 _____ 3pm—9:30pm _____

Transportation: NOT PROVIDED

I acknowledge receipt of the attached information sheet describing the planned activities.

I acknowledge that Saint John Vianney Catholic Church is not providing transportation to or from this event and is not liable for any injury which results from transportation to and/or from the event. My child must comply with Saint John Vianney Catholic Church's youth ministry's rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, Saint John Vianney Catholic Church, the Diocese of Orlando, and any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.

Parent/Guardian Signature

Date

YOUTH PARTICIPANT: In signing the line 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

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 Office of Youth and Young Adult Ministry &/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(ren) participate(s).

I hereby expressly assign to the Diocese of Orlando, and to all its agents all the rights, title and interest in, and to 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 Signature

Date

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

09/2009

Diocese of Orlando

OFFICE OF YOUTH & YOUNG ADULT MINISTRY •

PARENTAL/GUARDIAN CONSENT FORM, LIABILITY WAIVER & MEDICAL CONSENT

please PRINT legibly

Medical Matters

I hereby warrant 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/initial only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medications

_____ I hereby **Grant Permission** for my child to be given the following provided medications. My child will bring all such medications, well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] *(Please initial)*

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medical Conditions Information: (Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter:

- Is allergic to the following medications _____
- Has had an episode of the following or has been diagnosed with: Seizures Asthma Diabetic
- Has had allergic reactions to the following (foods, dyes, latex, etc.) _____
- Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No
- Has a medically prescribed diet *(please explain)* _____
- Has the following physical limitations _____
- Immunizations current and up to date? Yes No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child: _____

Insurance Information No, I do not carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

I fully understand the foregoing statements and sign this Parental/Guardian Consent Form, Liability Waiver & Medical Consent knowingly, freely, and willingly.

Parent/Guardian Signature *(must sign for any participant under 18 &/or 18 or older & in high school)* _____ Date _____

Participant Signature *(participant 18 years of age or older must sign)* _____ Date _____

PHOTOGRAPHY AND IMAGE ASSIGNMENT, WAIVER, AND RELEASE

As you review this photo release form, please do so with regard to any particular considerations of photos of your child being available on-line or in print.

I, _____, for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to [Saint John Vianney Catholic Church] and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, “the Diocese”), all rights, title and interest in, and to, the use of my and my child/ward’s image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose (“the Property”). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward’s appearance or participation in the Property.

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward’s name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

Signature

Date

Witness: _____

If applicable, name(s) of minor children/wards _____

**St. John Vianney Catholic Church
Youth Ministry 2011-2012**

Pick -up Authorization Form/Autorización para Recoger a su Niño (a)

Youth's Name/*Nombre del estudiante*: _____

Ministry/*Ministerio*: _____

Information to be provided/*Proveer la Información que se solicita*:

Name and phone numbers of the persons who are allowed to pick up your child:

Nombre y números de teléfono de las personas que están autorizadas a recoger a su niño(a):

Names/Nombres:	Home phone/ <i>Teléfono del hogar</i>	Cell phone/ <i>Teléfono celular</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of the persons who are **NOT** allowed to pick up your child/

*Nombre de las personas que **NO** están autorizadas a recoger a su niño (a):*

I acknowledge that all of the information provided in the Saint John Vianney Youth Ministry 2011-2012 Registration paperwork, including the registration form, youth safety section, parental/guardian consent form, liability waiver & medical consent, photography and image assignment, waiver, and release, and pick-up authorization form, is true and correct to the best of my knowledge.

Legal Parent/Guardian of Registered Youth Name (Print)

Relationship to Youth

Legal Parent/Guardian of Registered Youth Signature

Date