

# St. Margaret Mary Catholic Church Youth Ministry Registration 2009/2010

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

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

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

Cell (optional): (\_\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Student E-mail: \_\_\_\_\_

Grade (Fall 2009): \_\_\_\_\_ School Attending: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address (If Different): \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_

Father's E-mail: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address (If Different): \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_

Emergency Contact in the event a parent cannot be reached:

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

Address, City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Enroll in Middle School Sunday Focus      \_\_\_\_\_ Enroll in High School Youth Ministry

\_\_\_\_\_ A donation of \$50 to offset the costs of this growing ministry is appreciated.

Special Needs: \_\_\_\_\_

I grant permission for my son/daughter \_\_\_\_\_ to attend and participate in on-campus activities as a member of St Margaret Mary Youth Ministry.

I also grant permission for my son/daughter to be videotaped and/or photographed during events sponsored by St Margaret Mary Catholic Church. It is my understanding that these will not be viewed for monetary gain.

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

\* \* \* \* \*

## Medical Release/Information

In the event Child becomes ill or injured, I authorize the directors or chaperones to obtain medical attention at a physician's office, hospital, by an EMT or other emergency medical services. I understand that every effort will be made to reach me before medical permission is given to treat my child. The participant is covered by the following medical insurance:

Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_

Allergies:

Chronic/Acute Illnesses:

Medications:

Other Important Medical Information:

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Date: \_\_\_\_\_

# Diocese of Orlando Release Form

EVENT: St Margaret Mary Youth Ministry / On-Campus Events 2009-2010

NAME OF CHILD/MINOR: (Please print)\_\_\_\_\_

The undersigned, who is the parent/legal guardian of the above named minor (herein after referred to as "Child"), on behalf of himself and Child, their personal representatives, assigns, heirs and next of kin, request Child be permitted to participate in the aforementioned event.

1. Hereby releases, waives, discharges and covenants not to sue St. Margaret Mary Catholic Church, the Diocese of Orlando, their officers, employees and agents, all for purposes herein referred to as Releases, from all liability to the undersigned and Child, their personal representatives, assigns, heirs and next of kin, for all loss or damage, and/or claims, demands, causes of action or suites of any kind therefore, particularly on account of injury to the person or property or resulting in the death of the Child, whether caused by the negligence of Releases or otherwise, while Child is a participant in the aforementioned event;
2. Hereby agrees to indemnify and save and hold harmless the Releases and each of them from any loss, liability, damage, or cost they may incur while Child is a participant in the aforementioned event, whether caused by negligence of the Releases or otherwise;
3. Hereby assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of Releases or otherwise while Child is a participant in the aforementioned event;
4. Hereby agrees that if any portion of the Agreement is held invalid, that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Date: \_\_\_\_\_