

# St. Margaret Mary Youth Ministry Registration 2021-2022

Student's Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Student's Cell (optional): (\_\_\_\_\_) \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (Fall 2021): \_\_\_\_ School Attending: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Student's E-mail: \_\_\_\_\_

Special Needs:

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

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

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

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

Receive communication (Circle all that apply): Home Phone Cell Phone Text Cell Phone E-mail

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

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

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

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

Receive communication (Circle all that apply): Home Phone Cell Phone Text Cell Phone E-mail

Emergency Contact in the event a parent cannot be reached:

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

Phone #: (\_\_\_\_\_) \_\_\_\_\_ (home/cell)

As part of its commitment to the U.S. Bishops Charter for the protection of young people, the Diocese of Orlando mandates all parishes and missions to provide the *Circle of Grace* program to those minors (and their parents/guardians) who participate in the parish catechetical programming. Parents/guardians always have the option to opt-out their child/ren. As part of this registration process, you have been provided with the required information and form to opt-out your child/ren. Please initial the following to confirm your receipt and understanding \_\_\_\_\_.

## Annual Registration Fee \$50

FOR OFFICE USE ONLY CASH OR CHECK # _____ DATE PAID _____
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## Medical Release/Information

In the event of an emergency, 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 son/daughter. The participant is covered by the following medical insurance:

Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_

Allergies:

Chronic/Acute Illnesses:

Medications:

Other Important Medical Information:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Diocese of Orlando Release Form

EVENT: St Margaret Mary Youth Ministry / On-Campus Events 2021-2022

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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date