



**SAINT THOMAS THE APOSTLE JUNIOR
HIGH YOUTH MINISTRY 2015-2016**



**Registration/Permission/Liability Release Form
For Students and Parents**

Student's Name: _____
Date of Birth: _____ Age as of Fall: _____
Grade: _____ School: _____
Email: _____ Cell Phone: _____

Student's Name: _____
Date of Birth: _____ Age as of Fall: _____
Grade: _____ School: _____
Email: _____ Cell Phone: _____

+++++ +++++ +++++ **Emailing/Mailing Information** +++++ +++++ +++++

Parent's Name(s): _____
Email: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Parent's Work Phone(s): _____
Mother's Cell Phone: _____ Father's Cell Phone: _____

2nd Address (if necessary)

Parent's Name(s): _____
Email: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Parent's Work Phone(s): _____
Mother's Cell Phone: _____ Father's Cell Phone: _____

****Adults "I am interested in participating in ministering to our Youth in the EDGE, YDisciple or other Youth Ministry opportunities. Please call or email me with more information.**

Name: _____ **Phone:** _____
Cell Phone: _____

~ Please Fully Complete Both Sides! ~

Permission and Release of Medical Information and Liability Form

*This form **MUST** be signed by **BOTH Parent(s)/Guardian AND Student(s)**.

***Parent(s) or Guardian(s)**

I, (parent(s) or guardian) _____, give permission for my son/daughter(s), _____, to participate fully in any or all Saint Thomas Youth Ministry activities in this 2015-2016 year. This includes activities at or away of the St Thomas the Apostle Catholic Church property and, if and when necessary, transportation. I do not hold St. Thomas the Apostle Catholic Church, its employees, volunteers or anyone involved in in-house or outreach activities liable for injury, sickness, death or property damage whatsoever incurred or suffered by my son/daughter(s). I also take full responsibility for transportation of my son/daughter(s) from any activity if by their choice of negative, illegal or inappropriate behavior, the Youth Director or volunteers deem it necessary for the students(s) to return home. I agree to allow any photos taken at Church related events, in which my children appear, to be used in flyers, newsletters, web sites, or any sharing or promotional material for Saint Thomas the Apostle Youth Ministry. In the event of an emergency in which medical treatment is required, I give permission to the Youth Director and/or volunteer(s) to obtain the services of a licensed physician. I wish to be notified immediately in the event of an emergency.

*Signature of Parent or Guardian: _____ Date: _____
Emergency Phone: _____

Student(s)

I, (student(s) _____), wish to participate in Saint Thomas Youth Ministry activities in this 2015-2016 year. I do not hold St. Thomas the Apostle Catholic Church, its employees, volunteers or anyone involved in in-house or outreach activities liable for injury, sickness, death or property damage whatsoever incurred or suffered to myself. This includes on or away from St Thomas the Apostle Catholic Church property and, if and when necessary, transportation. I also agree to take full responsibility for my choices of negative, illegal or inappropriate behavior, and will comply with the above commitment of my parent/guardian to be transported if the Youth Director or volunteers deem it necessary for me to be sent home. I agree to allow any photos taken at church related events, in which I appear, to be used in flyers, newsletters, web sites, or any sharing or promotional material for Saint Thomas the Apostle Youth Ministry.

*Signature of Student: _____ Date: _____
*Signature of Student: _____ Date: _____
*Signature of Student: _____ Date: _____
*Signature of Student: _____ Date: _____

Please be aware of the following medical conditionals for the Youth on this form:

Other specific needs: (eg: diet, allergies, etc.)

Insurance Co. and Policy #: _____
Family Physician: _____ Phone: _____
Address: _____ City: _____ State: _____