

**ST. WENCESLAUS YOUTH MINISTRY
REGISTRATION & MEDICAL FORM**

**VALID
09/01/15 - 08/31/16**

EDGE (Grades 6-8) ♦ Life Teen (Grades 9-12)

Registration: \$20 per youth (maximum \$60 per family whether in Religious Education or Youth Ministry)

YOUTH INFORMATION

Name _____ Date of Birth _____ Grade _____ Gender M F

Youth's Cell (_____) Youth's Email _____

Allergies (foods, drugs, insects, etc.) _____

Medications (name, dosage, reason) _____

Other information (injuries, etc..) _____

Insurance _____ Policy # _____ Last Tetanus _____

Family Physician _____ Phone (_____) _____

COMMUNICATION WITH YOUTH

In order to efficiently communicate, reminders and information may be sent via email, text messages and Facebook. Parent/Guardian authorization is required prior to communicating with youth. One parent/guardian listed below will receive a copy of emails or text messages sent to your child. Youth Ministry will not "friend" minors without parent/guardian permission. **Please check the appropriate boxes and sign the back page.**

- Yes, email may be sent to my youth
- Yes, my youth may be sent text messages
- Yes, St. Wenceslaus YM Facebook may friend my youth

PARENT/GUARDIAN INFORMATION

Parent(s)/Guardian(s) _____

Home Phone (_____) Dad's Cell (_____) Mom's Cell (_____)

Dad's Email _____

Mom's Email _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Child is living with Both parents Mother Father Between both parents Grandparents Other _____

EMERGENCY INFORMATION

In case of illness, accident or emergency to the minor named above, the Archdiocese of Portland, St. Wenceslaus Church and its representatives are authorized to proceed as indicated below (thoroughly complete the following information and number each item 1, 2, 3, etc., in the order of desired action you wish us to take.)

Contact _____ Best Phone (_____) Alternate Phone (_____)

Contact _____ Best Phone (_____) Alternate Phone (_____)

Contact Family Physician (if possible) _____ Phone (_____)

Take Minor to Nearest Emergency Hospital _____

Other _____

PHOTO USAGE (St. Wenceslaus has no control over the use of photographs or film taken by media that may be covering events or by other.)

- YES, St. Wenceslaus staff may use appropriate photos of my son/daughter for Facebook, church website, bulletin, publications and in-church use. I understand no names will be published and that St. Wenceslaus Church has no control over tagging of my child, by others, in Facebook.
- YES, St. Wenceslaus staff may use appropriate photos of my son/daughter for Facebook, church website, bulletin, publications and in-church use, except for _____. I understand no names will be published and that St. Wenceslaus Church has no control over tagging of my child, by others, in Facebook.
- NO, St. Wenceslaus staff may not use photos of son/daughter for any purpose.

Activities:

_____ may participate in the following St. Wenceslaus Youth Ministry off-sight activities

DATE	ACTIVITY	PARENT'S INITIALS
October 3, 2015	Service: Oregon Food Bank	
October 9 - 10, 2015	Night in a Box Retreat (Life Teen - both on & off site activities)	
October 17, 2015	Youth Choir to Matt Redman Concert	
November 18, 2015	Rose Valley Craft (EDGE)	
December 5, 2015	Called Rally (EDGE)	
March 5, 2016	Rise Up Rally (Life Teen)	
April 23, 2016	Archdiocesan Pilgrimage Walk (EDGE & Life Teen)	

I, a parent or legal guardian of the child named give my permission for my child to participate in the above marked activities. I understand that I am responsible for any liability, which may result from actions taken by my child.

I understand that transportation may be by private vehicle, rental vehicle or bus, depending on the number of participants and the activity.

I fully understand the following: that there is a risk of injury involved in any activity; that my parish and the Archdiocese of Portland are not-for-profit entities; that the chaperoning adults involved are participating solely to benefit the youth involved with the activity; that due to the nature of the activity, there may be times when the activity precludes the staff, chaperones, and volunteers from being in direct supervision of my child at all times and that I understand that I am responsible for payment for any medical costs that may be incurred due to an accident or injury.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Amount Received _____ Cash Check # _____ Received by: _____ Balance due: _____

Youth Ministry Faith Formation Team or Catechist Waiver