

REGISTRATION FORM

Youth Ministry

2019-2020

Holy Trinity Roman Catholic Parish

25 E. Richmond St

Westmont, Illinois 60559

(630) 968-5978

FAMILY INFORMATION

Family Name _____ Parent(s)/Guardian(s) _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone(s) – Name & # _____

Parent e-Mail Address(es) _____

Participant's Name(s) & e-Mail Address(es) _____

★Parent/Guardian permission for participant(s) to receive Youth Ministry related e-mails. Signature: _____

Home Parish _____

PARTICIPANT INFORMATION

◆Name of Youth Participant _____ M/F _____ Birthday _____

Grade and School _____

Sacraments (Date/Parish): Baptism _____ 1st Penance _____ 1st Eucharist _____ Confirmation _____

Allergies? – Y/N _____ If yes, please specify: _____

Medications or health issues? – Y/N _____ If yes, please specify: _____

◆Name of Youth Participant _____ M/F _____ Birthday _____

Grade and School _____

Sacraments (Date/Parish): Baptism _____ 1st Penance _____ 1st Eucharist _____ Confirmation _____

Allergies? – Y/N _____ If yes, please specify: _____

Medications or health issues? – Y/N _____ If yes, please specify: _____

◆Name of Youth Participant _____ M/F _____ Birthday _____

Grade and School _____

Sacraments (Date/Parish): Baptism _____ 1st Penance _____ 1st Eucharist _____ Confirmation _____

Allergies? – Y/N _____ If yes, please specify: _____

Medications or health issues? – Y/N _____ If yes, please specify: _____

PERMISSION FORM

★PLEASE NOTE: There are TWO places for Parent/Guardian signature on this form!

GENERAL PERMISSION FORM

I request that my child(ren), _____,

_____ be allowed to participate in the youth ministry sessions being held at Holy Trinity Catholic Parish from September, 2019 through August, 2020.

I hereby release and indemnify my parish, Holy Trinity Catholic Parish, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during youth ministry events. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

Code of Behavior

You are representing Youth Ministry in our Parish and our Diocese and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our Diocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated. Respect for the facilities and Parish property are expected.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

★Youth Signature: _____
Date: _____

★Parent/Guardian Signature: _____
Date: _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child(ren), _____,

_____ by the people in charge of youth ministry events and those transporting my child to and from an event, as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Name: _____

Birth Date: _____

Allergic to medication/other? NO YES (circle one)

Medication(s) presently taking: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Identification/Social Security Number: _____

Authorized Physician: _____

Physician's Phone #: _____

In case of Emergency, contact: _____

Phone #'s: _____

★Parent/Guardian Signature: _____
Date: _____

PLEASE RETURN COMPLETED REGISTRATION
AND PERMISSION FORMS TO:

Jen Bartley, Youth Minister