# OUR LADY OF GUADALUPE HIGH SCHOOL YOUTH MINISTRY **CROSSROADS** WHO WILL YOU FOLLOW?

### **OUR LADY OF GUADALUPE CHURCH**

2019/2020 Registration Form

Family Name: \_\_\_\_\_

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

Address:	·	

Home Phone: \_\_\_\_\_

<u>Teen's Full Name</u>	<u>Birthday</u>	<u>M/F</u>	<u>Teen's E-mail Address</u>	Teen's Cell phone #*	<u>May I Text</u> your teen? Y/N	School/Grade

\*Note: By indicating teen's cell phone number you acknowledge and agree to your teen being contacted by cell phone and/or receiving text messages about Youth Ministry activities.

Is the family registered at the parish? \_\_\_\_\_ Yes \_\_\_\_\_ No - Member of another parish, please indicate\_\_\_\_\_

Mother's /Guardian's full name& number: \_\_\_\_\_\_

#### CONTINUED ON OTHER SIDE

Emergency Contact Name: Relationship
Phone (home, work & cell):
Teen has permission to drive to/from youth meetings and offsite youth events Yes No
May I communicate with your teen via the various social network sites (ex. Facebook, Instagram, etc.)?YesNo
Please indicate any specific concerns that our Youth Ministry Team should be aware of regarding your teen. (Academic, Physical, Etc.)
**Known Allergies of any type:

Date\_\_\_\_\_ Signature of Parent or Legal Guardian\_

#### Please note that there is a \$35.00 registration fee. Please make all checks payable to Our Lady of Guadalupe and return with complete registration paperwork. Please contact Lisa Kopertowski if the registration fee is a financial difficulty.



Our Lady of Guadalupe / Youth Ministry Program

#### **MEDICAL INFORMATION & LIABILITY RELEASE**

Student Name:		Birth Date			
First	Middle	Last			
Address:					
Street	City	St	tate	Zip	
Home Phone:		Studen	t Cell Phone:		
EMERGENCY TELEPHONE NU contact for the child named a		•	ith ministry leader	r can reach a parent or an emergen	
Parent/Legal Guardian: Na	me/Cell		_Home:		
Emergency Contact: Na	me		_ Phone:		
MEDICAL INSURANCE CARRI	ER:				
Parent/Guardian's Insurance Insurance Group Number <u>MEDICAL INFORMATION</u> :					
Family physician's Name			Ph	none	
Date of last tetanus shot:					
Allergies, conditions, dietary	restriction, special ne	eds, medical concer	ns of which we sh	ould be aware:	
Food		Dru	ug		
Environmental/Other					
Physical Limitations of which	we should be aware:				
My child requires the followi	ng medicine:		Frequency _		
My child has permission to be	e given Tylenol or Ibu	profen if they reque	st it. Yes	No	
				Il be made to contact me or the emergence	

contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless Our Lady of Guadalupe Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability:

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

Signature of Parent or Legal Guardian



#### **Consent Form for Electronic Communication with Minors**

Permission of the parent or guardian must be obtained, in writing, in order for an adult leader to communicate with minors via telephone, cell phone, text messaging, e-mail, social networks, or other electronic means.

Name of Participant:				
Address:				
City/Town, State and Zip Code:				
Home Phone:	Parent/Guardian Cell Phone:			
Parent/Guardian E-mail:				
Signature of Parent/Legal Guardian:				
Print Name of Parent/Legal Guardian:				

<u>Please Note:</u> By providing the email address and cell phone number of a minor, the parent or guardian grants permission for electronic communication from the group leader to this young person with regard to all group related activities, as well as from individuals on the Youth Ministry Leadership Team and other adult leaders who are associated with the Youth Ministry Program and help organize events and rides.

Teen Participant's e-mail:	
Teen Participant's cell phone:	
I would prefer that all electronic communication with my child be sent through the fo	llowing Parent's / Guardian's email.
Initial and sign for Parent Communication ONLY:	
Name of Parent or Guardian	
Parent/Guardian E-mail for Electronic Communication:	
Signature of Parent or GuardianI	Date:



#### **ARCHDIOCESE OF PHILADELPHIA**

#### **Consent Form: Posting Pictures/Videos of Minors**

#### Parish Organization: YOUTH MINISTRY Parish: OUR LADY OF GUADALUPE

## In order to protect the privacy of youth, permission must also be obtained, in writing, from the parent or guardian before sharing/posting pictures or videos of minors. (Please check the one which applies)

\_\_\_\_\_\_ I give my permission for my child's picture, with name, to be posted on a website or social network page

associated with this parish organization.

\_\_\_\_\_ I give my permission for my child's picture, without name, to be posted on a website or social network page associated with this parish organization.

I do not give permission for my child's picture to be posted on a website or social network page.

Name of Child

Name of Parent/Guardian - please print

(Date)

Signature of Parent/Guardian