

St. Margaret Mary Catholic Church Youth Ministry Registration 2010/2011

Last Name: _____ First: _____ Middle: _____

Preferred Name: _____ Home Phone: (_____) _____

Address: _____

City: _____ Zip: _____

Cell (optional): (_____) _____ DOB ____/____/____

Student E-mail: _____

Grade (Fall 2010): _____ School Attending: _____

Father/Guardian: _____ DOB ____/____/____

Address (If Different): _____

Home Phone: (_____) _____ Cell: (_____) _____

Employer: _____ Work #: (_____) _____

Father's E-mail: _____

Mother/Guardian: _____ DOB ____/____/____

Address (If Different): _____

Home Phone: (_____) _____ Cell: (_____) _____

Employer: _____ Work #: (_____) _____

Mother's E-mail: _____

Emergency Contact in the event a parent cannot be reached:

Name: _____ Relationship: _____

Address, City, State, Zip: _____

Home Phone: (_____) _____ Cell: (_____) _____

_____ Enroll in Middle School Sunday Focus (Sunday mornings 10:45-11:45am)

_____ Middle School Youth Ministry

_____ High School Youth Ministry

Annual Registration Fee \$50

Special Needs:

I grant permission for my son/daughter _____ to attend and participate in on-campus activities as a member of St Margaret Mary Youth Ministry.

I also grant permission for my son/daughter to be videotaped and/or photographed during events sponsored by St Margaret Mary Catholic Church. It is my understanding that these will not be viewed for monetary gain.

Parent/Guardian Signature

Date

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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 2010-2011

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