



2017-2018 Middle School Youth Ministry

Step # 1 to Register: Download & SAVE this form onto your computer Desktop. Then complete form & email as attachment to: YMregistration@smdpyl.org or PRINT out & return to Parish Office with check or cash payment

| YOUTH INFORMATION | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: | Middle: | Last: |
| Gender: M <input type="checkbox"/> F <input type="checkbox"/> | Date of Birth: | T-Shirt Size: |
| Grade: | School: | |
| Allergies/ Learning Needs: | | |
| Cell Phone: | Email: | |
| PARENT'S INFORMATION | | |
| Father's Name: | Religion: | |
| Email: | Cell Phone: | |
| Mother's Name: | Religion: | |
| Email: | Cell Phone: | |
| Mother's Maiden Name: | Marital Status: S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> Sep <input type="checkbox"/> W <input type="checkbox"/> | |
| Address: | | |
| | | Child Lives with: Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> |
| Custodial Parent, if different than above: | | |
| Email: | Cell Phone: | |
| Address: | | |
| Family Registered in Parish? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If no, please complete a parish registration form)</i> | | |
| MINISTRY OPPORTUNITIES – Would you like to share your talents with us? | | |
| Adult Volunteer's Name: | Email: | |
| <i>I can help in the following areas:</i> | | Phone: |
| Fundraising <input type="checkbox"/> | Driver <input type="checkbox"/> | Chaperone <input type="checkbox"/> |
| Snacks/Supplies <input type="checkbox"/> | | Other <input type="checkbox"/> |
| EMERGENCY CONTACT INFORMATION (Do Not List Parent) | | |
| Name: | | |
| <i>Relation to Youth:</i> | | Phone: |
| Name: | | |
| <i>Relation to Youth:</i> | | Phone: |

Middle School Youth Faith Formation Waiver

I, the parent (or guardian) of _____, hereby give my permission for her/his participation in the above name activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, diocesan personnel responsible for this activity. As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that she/he may suffer as a result of her/his participation in the activity describe above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of her/his participation in the above named activity, including transportation to and from this activity, whether or not caused by negligence, active or passive, of the parish, school, or diocesan youth activities program or any of its agents of employees, recourse for the payment of any resulting hospital, medical, dental treatment or related cost and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouses. I am not aware of any medical condition of my child, which would render it inappropriate for her/him to participate in any activity.

I hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and publication or other use thereof. I hereby waive any right to compensation or any right that I otherwise might have to limit it to control such making or use.

I hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental or the appropriated treatment deemed necessary and appropriate by the physician, nurse dentist, or licensed care staff.

Signature of Parent: _____ Date: _____

Signature of Witness: _____

Step 2 Pay Fees by Credit Card: [Click Here](#). (To submit payment on Parish Credit Card system).

Concerns, contact Mary McDevitt marym@smdpyl.org

Office Use Only

Registration: Middle School **\$75.00**

Date Received: _____ Fees Paid: _____ Balance Due: _____ Cash: _____ Credit Card _____ Check # _____