

# St. Patrick High School Youth Ministry

**2016/2017 Registration**

## Student Information

<b>Student's Name:</b>		<b>Student's Email Address:</b>	
<b>Address/City/Zip:</b>			
<b>Home Phone:</b>	<b>Student Cell Phone:</b>	<b>Are you a registered parishioner?</b> <i>Must be registered at St Patrick.</i>	
<b>Date of birth:</b>	<b>Grade in School:</b>	<b>School you attend:</b>	

**What social media do you use?** **Can we contact you about Youth Group events using them?**

Email:     Text:     Other:

**Do you have any medical conditions we should know about?** *(use back if necessary)*

## Parent Information

<b>Dad's Name:</b>		<b>Dad's Cell Phone:</b>	
<b>Dad's Email Address:</b>			
<b>Mom's Name:</b>		<b>Mom's Cell Phone:</b>	
<b>Mom's Email Address:</b>			

**Do you give permission for the Director of Youth Ministry & her staff to contact your teen via phone, text or e-mail?**    **Yes or No**

I agree to indemnify St. Patrick Church, the Coordinator of Youth Ministry, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

I further give my consent to that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

<b>Signature, parent or guardian</b>	<b>Date:</b>
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## CATHOLIC DIOCESE OF ARLINGTON PHOTO, PRESS, AUDIO AND ELECTONIC MEDIA RELEASE

*I authorize the Catholic Diocese of Arlington, and St. Patrick to use and publish the photographs and/or motion picture of videotape for which I have posed, and/or audio recordings made of my voice. I agree that the Catholic Diocese of Arlington, and St. Patrick may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, bulletin, and Web content.*

<b>Print name:</b>	<b>Signature, parent or guardian:</b>	<b>Date:</b>
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## Parent Volunteer Opportunity *(please check the boxes)*

In order to make St. Patrick Youth Ministry program a success **we need parent and adult volunteers!**  
 Sign up and become an active member in the Youth Ministry program, there are many ways you can help out.

### Parent/Adult Opportunities:

**Are you compliant with the Office of Child Protection?    Yes    or    No**

**Are you on the Diocesan Authorized Driver's List?    Yes    or    No**

<b>Assist with Special Events:</b>			
Diocesan RALLY: <input type="checkbox"/>	Trips/Retreats: <input type="checkbox"/>	Work Ca	<input type="checkbox"/>
<b>Other</b> talent and/or experience you can share with the group: <input style="width: 100%;" type="text"/>			