



St. Joseph's Youth Group ~ Registration and Consent Form 2011-12

Participant's name _____ Grade: _____ Age: _____ Sex: _____

Birthdate: _____ Parish: _____

Parent/Guardian Name _____

Street Address/City/State/Zip _____

Phone (home) _____ (work) _____ (cell) _____

Email: _____

I ask for and grant permission for my son/daughter _____ to attend and participate in all Youth Group Events held at St. Joseph's during the 2011-12 school year. These activities will take place under the guidance and direction of employees and/or volunteers from St. Joseph's. I understand a separate liability and consent form will be required for any events that take place off site (ie. Bowling, YMCA trips, etc).

While youth are responsible for their own behavior, as parent and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my child has to be sent home. I agree on behalf of myself, my child named herein, our heirs, successors, and assigns to hold harmless and defend the Roman Catholic Diocese of Norwich and St. Joseph's Parish, and their officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my child attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith. I agree to compensate the above entities for reasonable attorney fees and expenses arising in connection therewith.

I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. In the event of an emergency and I cannot be reached, I hereby give permission to transport my child to a hospital or medical facility and to seek medical attention. By participation in Youth Group events, the participants voluntarily assumes all risks and dangers incidental to the events and activities for which they participate, whether occurring prior to, during or after same, and agrees that the Diocese of Norwich and St. Joseph Parish and its agents, staff and volunteers are not responsible or liable for injuries or damage suffered by the bearer resulting from or arising out of such activities; and consents to a reasonable search of carry-in items and/or his or her person for security reasons, if deemed necessary by the Youth Group Chaperons or law enforcement agencies. Failure to comply with the above conditions may result in non-admission to Youth Group events.

Emergency Contact Person: Name _____ Relationship _____ Phone _____

Doctor: Name _____ Phone _____

Insurance: Company _____ Employer _____ Group # _____

Subscriber Name _____ Subscriber Number _____

Date of last tetanus shot: _____ Allergies: (medication, foods, etc) _____

Medications currently taking that may affect treatment: (name/dosage) _____

You should also be aware of these special medical /physical/ mental conditions of my child: special diet (The youth group cannot be responsible for any special dietary needs that my child may have), nose bleeds, recent injuries, exposure to contagious diseases, etc. : _____

I acknowledge that my son/daughter has read the Code of Conduct and will abide its provisions (see back page). I also consent to pictures of my teen at youth group events to being published in the bulletin, on the youth group website and Facebook page.

Parent/Guardian Signature _____ Date _____

Youth Participant Signature _____ Date _____

Registration and Participation Fees	Amount	Teen Mass Participation (Check All That Apply)
Registration Fee - \$10 Per Teen		Greeter <input type="checkbox"/>
Pay for entire years youth group events - \$90 One Teen, \$150 two teens.		Lector <input type="checkbox"/>
Opt Out of Chaperoning Fee - \$30		Offertory Gifts <input type="checkbox"/>
Additional Youth Ministry Donation or Sponsor Child Donation (Circle One)		Collection <input type="checkbox"/>
Total		Music Ministry <input type="checkbox"/>
Payment Method (circle one): Check Credit Card Electronic Deduction		Set Up/Clean Up <input type="checkbox"/>

Please return to: St. Joseph's Church 48 Middlesex Avenue Chester, CT 06412.
Make checks payable to St. Joseph's Church.