Holy Family Parish, Lincoln, IL 62656 **2010-2011** **Teen Membership**
Youth Ministry Registration

PLEASE NOTE: The Authorization for Emergency Medical Treatment form must be completed and **notarized** before any off campus activities can be participated in.

Name____**Nickname**______________________________**Sex:**_____
(Name Preferred on Nametag)

Home Phone:_________________**Parents Email** ________________________________

Mother's Cell:___________________ **Father's Cell**___________________ **Student's Cell**_________________

Address____**City**_________________________**Zip** _________

Student's Email______________________________**Student's Facebook**________________________________

Date of Birth:__________ **Grade in Fall of 2010 (Please circle): 9th 10th 11th 12th** **School:**____________
Has student been confirmed?_Y/N_

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Favorite hobbies/interests outside of sports: ____

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Catholic Diocese of Peoria
PERMISSION FORM

I, ___________________________, grant permission for my child, ___________________________, to participate in
(Parent or guardian's name) (child's name)

the **Holy Family Parish Youth Ministry.(ACT)** Youth Ministry activities will take place under the guidance and direction of **Holy Family Parish** employees and/or volunteers.

I understand the risks such activities present to my child, including, but not limited to serious personal injury or death. Any questions I have concerning these activities have been answered.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (participant).

In consideration for my child being allowed to participate in this activity, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS Holy Family Parish, the Catholic Diocese of Peoria, and their employees and agents, and the volunteers assisting Holy Family Parish , from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation in Youth Ministry activities.

___________________________________ ____________________________________ _______________
Printed Name of Parent/Guardian Parent/Guardian Signature Date

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Office Use Only: Completed: Reg_____ Perm_____ Med_____ Conduct _____ Travel:_____ Pub_____

Date Rec'd__________

CODE OF CONDUCT

Participants are expected to conduct themselves in a manner that reflects positively on themselves, their parents and their church. Teens are expected to respect the rights, feelings and property of others and the authority of teachers, chaperones and other members of the church staff and volunteers.

For activities that take the teens out of town, participants will be expected to behave in a respectful manner toward the adults on the trip and the other teen participants. Teens will be expected to follow trip rules. If they do not, the Youth Ministry Coordinator or chaperone will call the parents so that they can reinforce the rules set forth. If the teen continues to disregard the rules or is involved in drug or alcohol use or any other serious infraction, the parent will be called immediately and will be required to come and pick up their teen.

Non Christian behavior includes:
1. Insubordination to YM staff and volunteers including failure to comply with directions given
2. Use of profane words or gestures
3. Intimidation of YM staff, volunteers or the teen's peers
4. Harassment (verbal, physical, sexual) and fighting
5. Intentional damage to or destruction of church property or property of YM staff, volunteers, or peers
6. Alcohol, Tobacco, or Drug use (this would result in an immediate call to parents to have the teen removed from the activity.)

Participant's Agreement Regarding Conduct

As a participant in the activities of **Holy Family Parish Youth Ministry,(ACT**) I promise to conduct myself in accordance with the regulations on conduct as set forth by **Holy Family Parish**.

I understand that **Holy Family Parish**, Catholic Diocese of Peoria, its officers, agents, and/or employees reserve the right to terminate my participation in any **Holy Family Parish Youth Ministry** activity for failure to behave and act in accordance with the regulations of conduct, for failure to follow instructions and directions of the supervisors or chaperones, or for any of my acts of conduct that are deemed by **Holy Family Parish Youth Ministry**, its officers, agents, or employees to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the activity as a whole. If my participation is terminated, only funds not actually used will be refunded, and I will be sent home at my own expense. I agree that **Holy Family Parish**, its officers, agents or employees reserve the right at any time prior to or during the activity to make cancellations, changes or substitutions in emergencies or changed conditions or in the interest of the participants.

Teen's Signature____ Date:_____________

______________________________________ ______________________________________ Date:_____________
Printed Name of Parent/Guardian **Parent/Guardian Signature**

Parent's Permission for Travel

I give my permission for my child, ____, to Travel in **Holy Family Parish (ACT) Youth Ministry** approved transportation (this may include but is not limited to: contracted busses with professional drivers, rented vans driven by staff or volunteers, staff driven personal vehicles, approved chaperone driven personal vehicles, etc.)

________________________________ ________________________________ ____________
Printed Name of Parent/Guardian Parent/Guardian Signature Date

Parent's Permission for Publicity

On occasion, **Holy Family Parish Youth Ministry(ACT)**, takes photographs or makes an audio or video tape recording of the participants involved in the activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in **Holy Family Parish (ACT) Youth Ministry** publications or advertising materials to let others know about **Holy Family Parish(ACT)Youth Ministry**. In addition, local news organizations may hear of our activities or events, and **Holy Family Parish (ACT) Youth Ministry** may invite or allow them to photograph or record our events to be used, distributed or displayed as agents of **Holy Family Parish (ACT) Youth Ministry** see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings.

________________________________ ________________________________ ____________
Printed Name of Parent/Guardian Parent/Guardian Signature Date

Authorization for Emergency Medical Treatment

Both sides of this form must be completed.

This information will be kept in the possession of Holy Family Parish Lincoln, Illinois YOUTH MINISTRY and distributed to the person in charge of this activity. Should the need arise, this information will be given to the proper medical authorities.

I, ________________________________, understand that in the case of illness/accident of my
(name of parent/guardian)

child, ______________________________, Holy Family Parish, will try to
(Name)

notify me or the person I have listed as an emergency contact.

In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to HOLY FAMILY PARISH and/or any supervising employee to do as follows:

1. Arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and

2. Sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgement of medical authorities at the facility.

Please do not sign this form until you are in the presence of a registered Notary Public.

____
Signature of Parent/Guardian

____
Printed name of Parent/Guardian

Date:_____________________________________

STATE OF ILLINOIS)
)SS.
County of _____________)

SIGNED AND SEALED before me this _____day of_____________,20____.

____
NOTARY PUBLIC

2010-2011

MEDICAL INFORMATION

Participant's Name *(first, middle, last):* ___________________________________ *Date of Birth:*_________

Address: ____ *Phone:(_____)*__________
(street) (City) (State) (Zip)

Emergency Contacts

Parent Name:_______________________________________	**Parent Name:**_______________________________________
Home Phone: (_______)_________________________	Home Phone: (________)__________________________
Work Phone: (_______)_________________________	Work Phone: (________)__________________________
Cell Phone: (_______)_________________________	Cell Phone: (________)__________________________

Other Contact

Name:_________________________________ Relationship (friend, relative, neighbor, etc.) :__________________

Home Phone:(_______)_____________ Wk Phone:(_______)______________ Cell:(_____)________________

Participant's Regular Physician:____________________________________ Phone:(_____)____________

Local Preferred Hospital:____

Medical Conditions

Please list any medical conditions of the above participant (asthma, diabetes, epilepsy, etc.):_______

____

____

Please list any allergies or allergic reactions to medications of the above participant:_____________

____

____

Please list any medications the above participant is now taking:_________________________________

____

____

Other pertinent medical information:____

____

Date of participant's most recent tetanus shot:____________________________________

Medical Insurance Information: Company:____

Identification # of plan:_________________ **Identification # of covered employee**