



# St. George Youth Ministry

## ANNUAL REGISTRATION FORM, May 1st, 2014 - June 30th, 2015

Youth Participant's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Academic Year: \_\_\_\_\_  
Family Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Youth Participant's Email: \_\_\_\_\_ Youth's Cell: \_\_\_\_\_

*Providing email address and cell number grants permission for electronic communication from group leader to this young person in regards to all group activities, in accord with diocesan guidelines.*

### General Permission

I, the Parent/Guardian of the above named youth participant, grant my permission for him/her to participate in the various programs and activities of St. George Youth Ministry. These various programs and activities will take place under the guidance and direction of employees and/or volunteers of St. George Church and/or the Archdiocese of Chicago.

I understand that as a Parent/Guardian, I remain legally responsible for any personal actions taken by the above named youth participant. I hereby release and indemnify St. George Church, the Archdiocese of Chicago, its staff and volunteers, and the Catholic Bishop of Chicago, a corporate sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation.

### Youth Ministry Code of Behavior

All participants are expected to:

- Arrive on time.
- Demonstrate common courtesy and respect at all times.
- Avoid use of any inappropriate language and/or behavior.
- Wear attire that reflects the value of modesty.
- Socialize only in public areas.
- Refrain from the possession or consumption of tobacco products, alcoholic beverages and/or any illegal substances.
- Not have on their possession any weapon(s) or drug paraphernalia.

By signing below I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction, requiring my dismissal, that arrangements will be made to send me home at my expense. I also understand that my Parent/Guardian will be notified at the time of the infraction requiring my dismissal.

### Medical Permission

Insurance Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Insurance ID Number: \_\_\_\_\_

During any program and/or activity sponsored by either St. George Church and/or the Archdiocese of Chicago, I give permission to the adults in charge of the programs and/or activities to consent to emergency medical or surgical treatment for the above named youth participant in the event I, or my listed emergency contact, is not reachable.

### Medication & Food Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Current Medications Being Taken: (If none, so state)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Physical Limitations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Please attach a clear description to this form of any other special medical condition(s) pertaining to this youth that have not been addressed above.**

**PROMOTIONAL RELEASE:** *I also consent to the use of any videotapes and/or photographs in which my son/daughter may appear by the Archdiocese of Chicago and/or St. George Church. I understand that these materials are being used for promotion of youth ministry programs and/or activities, which may include recruitment and fundraising efforts.*

Youth Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_