

St Timothy Youth Ministry Registration Form 2015-2016

Teen Information

Date: _____

Program you are enrolling in: Edge (grades 6-8) _____ Life Teen (grades 9-12) _____

Teen Name: _____ Grade _____ Age _____

Address Where Youth Ministry Mail should be sent:

Please describe any special needs your child might have or accommodations your child may need in order to be successful in youth ministry:

If Marissa may contact your teen by cell phone or email please list them below:

Teen Cell: _____ Teen Email: _____

Sacraments Received (Circle): Baptism, Communion, Reconciliation, Confirmation

If your teen is in need of sacramental preparation please see our Sacramental Prep Registration Form.

If your teen has been Confirmed and is interested in applying as a Peer Minister check here to receive an application packet: _____ (teens must re-apply every year)

Parent Information

Father's Name: _____ Mother's Name _____

Email: _____ Email: _____

Cell: _____ Cell: _____

Text Alerts _____ YM E-newsletters: _____ Text Alerts _____ YM E-newsletters: _____

St Timothy Weekly Email Blast _____ St Timothy Weekly Email Blast _____

Home Phone: _____ Primary Language Spoken at home: _____

Payment Information

Registrations will be processed upon payment. If you would like to be contacted about payment plans or scholarships please check here. _____ All are welcome!

If you are enrolling multiple children in Youth Ministry & Christian Formation please complete this once.
____ One child \$70 ____ Two Children \$125 ____ Three or More \$150

Attached is _____ check _____ cash _____ credit in the amount of _____

Card # _____ Circle Visa MC Discover Amex

Exp Date: _____ Name _____ Signature _____

Permission Form and Release

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the youth ministry of St Timothy Catholic Church on off campus events in the 2015-2016 school year. I/we acknowledge that we will give permission for each event once information has been received. In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St Timothy Catholic Church, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the Program.

Parent/Guardian Signature: _____ Date: _____

Medical Information

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

I am covered by hospitalization and medical insurance under policy

_____ # _____ issued by _____

_____ I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter. Circle all that apply

Tylenol Benadryl Advil Sudafed Midol Kaopectate Neosporin Pepto Bismol

Any other medical information concerning medication, allergies, diet: _____

Photo Release

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by St Timothy Catholic Church, the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Parent/Guardian Signature _____ Date: _____

Ways Parents Can Serve

Place a check next to any ways you are open to serving Youth Ministry.

Chaperone: _____ Provide Food: _____ Run Errands/Shop: _____ Fundraisers: _____ Pray: _____

Edge Youth Minister: _____ Life Teen Youth Minister: _____ Confirmation Youth Minister: _____

All the ministries require SHIELD the Vulnerable Training (aka STAND). Have you been trained? _____

Office Notes: