

### Registration Form for Youth Activities

Today's Date: \_\_\_\_\_ (this form is valid for one year only)

Teen Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Teen Email: \_\_\_\_\_ Teen Cell Phone #: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Adress (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Adress (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Relation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Middle and High School Siblings: \_\_\_\_\_

#### YOUTH CONTRACT (Signature Required)

I understand that by participating in youth activities at St. Vincent de Paul, I am promising to respect and cooperate with the clergy and adults in charge. I promise to follow all instructions and rules. I understand that alcohol, illegal drugs, and smoking are not allowed. I promise not to act inappropriately or share inappropriate materials with those in attendance.

\_\_\_\_\_

*Youth's Signature*

\_\_\_\_\_

*Date*

#### PARENTAL CONSENT (Signature Required)

1. The undersigned does hereby give consent for our(my) child to attend and participate in activities such as game nights, movies, bowling, miniature golf, service projects, retreats, etc. as sponsored by St. Vincent de Paul Catholic Church.
2. Should it be necessary for our (my) child to return home due to medical reasons, behavioral issues, or otherwise, he undersigned shall be responsible for and assume all transportation costs.
3. The undersigned does also give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor have been entrusted while attending and participating in activities sponsored by St. Vincent de Paul.

\_\_\_\_\_

*Mother / Guardian*

\_\_\_\_\_

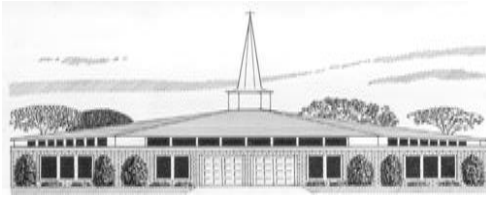
*Date*

\_\_\_\_\_

*Father / Guardian*

\_\_\_\_\_

*Date*



# St. Vincent de Paul Catholic Church

## Medical Release

Please provide the following information and a copy of the teen's insurance card.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical/Hospital Insurance Carrier: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Food / Drug Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_ Dosage: \_\_\_\_\_

\_\_\_\_\_ Dosage: \_\_\_\_\_

Is there anything else we should know: \_\_\_\_\_

**IMPORTANT:** Either a physician's prescription or parent note must accompany all medications. Prescription/note should be attached to this form.

### PARENTAL CONSENT (Signature Required)

1. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital.
2. If the parent/guardian or the emergency contact person is unable to be reached, I hereby grant permission for the doctor and hospital to exercise professional judgement in treating the participant.
3. I hereby grant permission for non-prescription medications to be given, if deemed necessary.

\_\_\_\_\_  
*Mother / Guardian*                      *Date*                      *Father / Guardian*                      *Date*

### ADDITIONAL STUDENT INFORMATION:

School / Extra Curricular Activities: \_\_\_\_\_

Hobbies / Interests: \_\_\_\_\_

Church Ministries Involved In: \_\_\_\_\_

Youth Idea for our Group: \_\_\_\_\_

Name of Someone Willing to Assist at Youth Functions: \_\_\_\_\_

THE ROMAN CATHOLIC  
ARCHDIOCESE OF ATLANTA



## Permission to Contact Youth

Complete One Form per Child

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Our parish and/or school, \_\_\_\_\_, follows the Archdiocese of Atlanta's [Social Media Policy and Guidelines for the Use of Social Networking Sites with Minors](#) for contacting youth via social media. We may also use text messages, email, and parish/school-approved online/virtual platforms to contact youth. Per this policy and guidelines, parents must be made aware of how social media and electronic communications are being used. *Parents must be told how to access the sites, and be given the opportunity to be copied on all material sent to their children.*

After receiving written permission to communicate with young people, Archdiocesan employees should be encouraged to save copies of conversations whenever possible, especially those that concern the personal sharing of a teen or young adult. Please reference the policy and guidelines for more information.

**Please indicate below whether our parish has permission to contact your child:**

I hereby grant permission for the following parish and/or school, \_\_\_\_\_, to contact my child, \_\_\_\_\_, for internal or external communications for **one year** via social media, email, text, and/or parish/school-approved online/virtual platforms. I understand I can request the same communications provided to my child, and that it does not have to be via the same technology (for example, if children receive a reminder via Twitter, parents can receive it in a printed form or by an email list).

NO, I do not want my child contacted or communicated with in any way.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name of Parent or Legal Guardian*

***Please contact your Parish Catechetical Leader/School Administration immediately to change these permissions.***

**FOR OFFICE USE ONLY: This form is to be kept for current year. Supplant annually until the child is 18.**