

ABLZAE YM

YOUTH Combined Registration, Medical Release/Permission Form

(Please print or type all information, except signatures, and complete both sides of this form.)

I. First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City, State, Zip: _____ Home Phone: _____

Email address: _____

Parish/School (group you are registered with): _____

Mother/Guardian: _____ Father/Guardian: _____

Additional Emergency Phone Numbers (please identify as work, cell, etc.) _____

Date of birth: _____ Male ___ Female ___ Grade: 9 10 11 12

Circle ANY that apply: Wheelchair Access/Mobility Impaired Blind/Visually Impaired

Hearing Impaired/Interpretation Needed Interpretation Not Needed

Please note: All areas utilized are not ADA accessible.

Contact Our Lady of Lourdes Parish or St. Jude Parish if special arrangements need to be made.

II. Youth Agreement

I understand that my participation in this program requires compliance with specific regulations for this event. I agree to abide by all rules and regulations set forth. Any infraction of the rules or regulations, including, but not limited to, the possession of alcohol, drugs, or weapons may cause my dismissal from the program. If I should be dismissed, I understand that my parents will be contacted to arrange for my immediate transportation home.

Youth Signature: _____ **Date:** _____

III. Parental Agreement

I, the parent/guardian of _____ who is less than nineteen years of age, grant permission for my daughter/son to participate in Ablaze YM events at Our Lady of Lourdes and St. Jude Parish. By allowing my child to participate in the said program, I hereby assume all risk of accident or harm arising or growing out of, directly or indirectly, any incident of any kind occurring during the course of such program to my child and do hereby release and discharge the Bishop of the Diocese of Youngstown, and _____ parish/school, and the agents, associates, and employees of the Bishop and parish/school who have organized or participated in the supervision of such program from all claims, demands, suits, causes or actions, rights, costs, expenses, and any compensations whatsoever which may occur to my family and its members during or resulting from participating in the program mentioned.

Signature: _____ **Date:** _____

I am aware of the particulars of the said program including the times, costs, and adults chaperoning and/or transporting my child for the program and have clarified any concerns I may have with the coordinating adult in charge. I agree that my son/daughter shall abide by the rules and all regulations of the program including in regards alcoholic beverages, drugs, and weapons. I agree that if my son/daughter fails to abide by the regulations set forth, he/she may be dismissed from the program and I will need to arrange for his/her immediate transportation home at my expense.

Signature: _____ **Date:** _____

I understand that photographs or video taken at this event may be used in parish or diocesan publications.

Signature: _____ **Date:** _____

(Continued on back)

Combined Youth Form DOY 2016

I hereby authorize the parish/group to communicate directly with my child, or indirectly through me, via:

- Cell phone text message; cell number(s) _____
- Facebook (or other social networking); under the name(s) of: _____
- Email; at this address(es) _____

IV. Medical Information

(Please check and sign only those below which are in accordance with your wishes; do not sign all sections.)

Select this:

- In the event of an emergency, I hereby grant permission to transport my son/daughter and obtain emergency medical or surgical treatment from a licensed physician, hospital, or medical clinic. I hereby authorize medical personnel to release necessary information about his/her care to the parish or school group leaders(s) named here _____. I wish to be advised prior to further treatment by the hospital or doctor. In the event I cannot be reached, please contact _____ at _____ . Relationship to youth _____ .
Family physician _____ . Phone _____ .

(Please check one of the following)

- My son/daughter is covered by hospitalization and medical insurance under policy# _____ issued by _____ .
- My son/daughter does not have medical coverage and I assume responsibility for the cost of hospitalization and medical care for my son/daughter.

Signature: _____ **Date:** _____

Or this:

- I hereby warrant that to the best of my knowledge, my son/daughter is in good health. **I do not want any medical treatment to be given to my son/daughter under any circumstances.** I hereby assume all responsibility for the health and well being of my son/daughter and release from responsibility the Bishop of the Diocese of Youngstown, and _____ parish/school, and the agents, associates, and employees of the Bishop and parish who have organized or participated in the supervision of such program.

Signature: _____ **Date:** _____

Select this:

- No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: _____ **Date:** _____

Or this:

- I hereby grant permission for nonprescription medication (such as acetaminophen, decongestant, cough syrup) to be given to my son/daughter, if requested by my son/daughter and deemed advisable by an adult chaperone.

Signature: _____ **Date:** _____

- My son/daughter is taking medications at present. He/she will bring all necessary medications and such medications will be well labeled. The names of and the concise directions for taking such medications, including dosage and frequency of dosage as follows: _____

Signature: _____ **Date:** _____

- I wish to inform you of the following additional medical information and the recommended course of action (allergies, dietary restrictions, special conditions, etc.) _____

Signature: _____ **Date:** _____

- I would like to have a member of the program staff speak with me further regarding a medical concern or situation. Please contact me at _____ .

Return completed form to: Alex Bodenschatz, Youth Minister at Our Lady of Lourdes and St. Jude Parishes



CATHOLIC DIOCESE OF YOUNGSTOWN
Office of Religious Education
Diocesan Directory for Catechesis

INFORMATION REGARDING LEGAL CUSTODY
To be completed as part of the registration/re-registration agreement

Date _____
Child's Name _____ Grade _____ School _____ Year _____
Address of child's residence _____

Child lives with _____ both natural parents
_____ natural mother, step/adoptive father
_____ natural father, step/adoptive mother
_____ only mother
_____ only father
_____ grandparents (with legal custody)
_____ other relative (with legal custody)
Relationship _____
_____ Other
Please explain _____

Residential parent/guardian Name _____ Phone _____
Address _____ City _____ Zip _____

Is there a court order (or pending order) affecting the custody and/or residency of the child ____ Yes ____ No

Please attach a certified copy of the page of the court decision bearing the case number and those sections referring to visitation rights and contacts with the parish. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in this formation process. It is also the responsibility of the parents to inform the parish of any subsequent modifications during the child's involvement in the parish function process.

Non-Residential parent/guardian Name _____ Phone _____
Address _____ City _____ Zip _____

Does the non-residential parent have visitation rights? _____ Yes _____ No

Is there a court decision that states that the non-residential parent should NOT receive information or attend activities? _____ Yes _____ No

Is the non-residential parent responsible for paying fees? _____ Yes _____ No

SIGNATURE _____

Permission for Direct Communications With Minors

Name of parent or guardian _____
 Name of minor child _____

Minister Information:

Gives permission for Alex Bodenschatz of Our Lady of Lourdes and St. Jude parish to communicate

FROM Phone number(s) (330) 482 2351
 Email address(es) abodenschatz@ololstj.org
 Social networking site(s) Facebook
 Virtual Meeting Platform(s) Zoom

Under the name(s) of
Ablaze Youth Ministry _____

Any and all digital networking and communication including, but not limited to, email, texting, Facebook, Twitter, other social networking sites, etc., with parish youth/school/organization will be ministry related, and NOT personal in nature, restricted to matters concerning classes, youth ministry events, parish events, school events, athletic/event schedules, or registration forms. The person(s) being authorized to communicate with the minor child is in compliance with the Diocesan Child Protection Policy with this parish/school/organization. Please note that virtual meetings may be recorded for parish use. This form will be filed in a confidential folder for parish/school/organizational use only.

Parent/Guardian Information:

TO me via:

(Parent/guardian: please check only those which you approve. Can be in addition to, or instead of contact directly with your child.)

- Home phone _____
- Cell phone: Mother/Guardian: _____ Text messages? YES or NO
 Father/Guardian: _____ Text messages? YES or NO
- Social networking site 1 (see above) User Name _____
- Social networking site 2 (see above) User Name _____
- Virtual meeting platforms (see above) User Name _____

Minor Information:

Furthermore, *(Parent/guardian: please check only those which you approve.)*

- Same person(s) above **MAY** contact my child via:
 - Home Phone: _____
 - Cell Phone: _____ Text messages? YES or NO
 - Email: _____
 - Social networking site 1 (see above) User Name _____
 - Social networking site 2 (see above) User Name _____
 - Virtual meeting platforms (see above) User Name _____

Note: Virtual meetings may be recorded for parish use.

You **MAY NOT** contact my child directly.

Parent/Guardian Signature: _____ Date: _____



Office of Religious Education
Directory for Catechesis

PERMISSIONS TO PUBLISH CONSENT FORM

PHOTO/VISUAL CONSENT

Name of Parent or Guardian _____

Name of minor child _____

Gives permission for (name) _____

of Our Lady of Lourdes Parish and St. Jude Parish.

I give permission for my son/daughter to be photographed or videoed at Our Lady of Lourdes Parish and St. Jude Parish. I realize that the photo or video may be published in the newspaper, magazine, parish website, or other publication deemed appropriate by the Parish for informational or educational purposes regarding the Parish’s programs or curriculum.

OR

I have read the Photo/Visual Consent and do NOT give permission for my child to the above request.

PERMISSION TO PUBLISH ON THE INTERNET

I give Our Lady of Lourdes Parish and St. Jude Parish the right to use the following participant material for my son or daughter for inclusion on the internet ONLY on the Parish Website or other media platforms under the Parish name. I affirm that I have the legal right to issue such consent.

Check ALL that apply. (A blank space indicates the intent of the parent or guardian to NOT allow that information on the Parish Website or other media platforms under the Parish name.

First name only

Photo of Participant project

Group photograph

Individual participant photo

SIGNATURE _____ Date _____