

Youth Ministry Membership Form & Parental Consent 2016-2017

Youth Participant's Full Name :

Date of Birth: _____ Gender (please check one): Male _____ Female _____
 School: _____ Grade: _____
 Address: _____

Home Phone: () _____ ---- _____

Siblings (names and grades):

I give permission for my child to be reminded of upcoming events via email (please check one):
 yes _____, no _____

Student's email address _____

I give permission for my child to be reminded of upcoming events via cell phone (please check one): yes _____, no _____

Student's cell phone # _____

We are registered at (please check one): SMM _____ Another _____

Parish _____ (Name) _____

Child lives with (please check one):

Both Parents _____ Father _____ Mother _____ Guardian _____ Other _____

Marital Status (please check one): Married _____ Single _____ Separated _____ Divorced _____

Remarried _____ Widowed _____

Father / Guardian's full name: _____

Work phone: _____ Cell phone: _____

Email: _____

I would like to minister as an Adult Volunteer for youth events (please check one). yes not at this time

Mother's / Guardian's full name: _____

Work phone: _____ Cell phone: _____

Email: _____

I would like to minister as an Adult Volunteer for youth events (please check one). yes ___ not at this time

I give my permission for my child's picture to be taken as a part of youth ministry activities and to be used in any promotion activities including the website (please check one): yes ___ no _____

2016-2017 Emergency Information & Liability Release

o Emergency contact name (Not Guardian) : _____

Relation: _____

Home Phone: _____ Cell Phone: _____

o Please indicate any specific medical conditions, allergies, or dietary restrictions that we should be aware of: _____

o Please indicate any specific academic or behavioral concerns that we should be aware of: _____

o Please indicate any specific medications that your child requires: _____

Dosage: _____ Frequency: _____

o My child has permission to be given Ibuprofen or Tylenol if they request it.

Please check one: Yes ___ No ___

Approval for child to be transported via car to previously scheduled events by St. Mary Magdalen staff and approved volunteers (PLEASE INITIAL ALL THAT YOU APPROVE): _____

- o Scheduled Sunday night social events leaving from St. Mary Magdalen _____
- o Scheduled Service Projects leaving from St. Mary Magdalen _____
- o Scheduled Retreats and Archdiocesan events leaving from St. Mary Magdalen _____

In case of an unforeseen medical emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give consent to the St. Mary Magdalen staff and Volunteers to secure the services of a licensed physician to administer emergency medical treatment. I hereby agree to indemnify and hold harmless St. Mary Magdalen's Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any and all liabilities, injuries, expenses and claims arising out of any connection with or participation in such activities. I confirm that I and my son/daughter are covered by medical insurance, the provision of which is a requirement for participation in all of St. Mary Magdalen Youth Ministry programs and activities. Liability Release I have carefully read and fully understand the medical information and release of liability stated herein and subject to all of the above, I agree to my own and my son's/daughter's participation in St. Mary Magdalen Ministry programs and activities, and accept the terms and conditions as stated.

Signature of Parent/Legal

Guardian _____ Date _____

Youth Participant

Signature _____ Date _____

Please return completed membership forms to:
St. Mary Magdalen 2400 N. Providence Rd, Media, Pa 19063
Atten: Youth Minister – Lauren Finore