

# Catholic Youth Ministry Registration Form

## Section A - Student Information

**Please Note:** Your signature at the end indicates your consent and acceptance of the provisions included in this document.

Name: \_\_\_\_\_

Parish/School \_\_\_\_\_ City \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Cell Phone.: \_\_\_\_\_ Email \_\_\_\_\_

Prefer student's email and cell phone but can be parent's email and cell phone

**ALL CONTACT INFORMATION WILL ONLY BE USED FOR DELIVERING INFORMATION FOR THE PUPOSES OF CATHOLIC YOUTH MINISTRY.**

## Section B. RELEASE AND HOLD HARMLESS – to be completed by parent or guardian of minor (youth under age 18)

As parent or guardian for \_\_\_\_\_, I hereby grant permission for him or her to participate in **Catholic Youth Ministry in the Diocese of Brooklyn**. I understand that participation in this activity may involve some risks despite the best efforts of the parish adult leaders and volunteers to supervise the participants and I agree to pay for any damages my child may incur or cause. I agree to hold the parish, the Diocese of Brooklyn and all their employees or volunteers harmless from any and all liability however caused which may result from my child's participation in the event and/or traveling to and from the program.

I authorize the parish adult leaders and volunteers involved with this trip to obtain any emergency medical treatment which my child might require in connection with this activity.

### HEALTH INFORMATION – to be completed for all youth

Family Health Insurance Co.: \_\_\_\_\_ Policy No. \_\_\_\_\_

Physician or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician/Clinic Address: \_\_\_\_\_

Immunizations: Please provide date of latest tetanus immunization: \_\_\_\_\_

I certify that \_\_\_\_\_ is fully immunized according to the law.

Allergies: Please fill in at bottom under additional student information statement noting all known allergies including how the child has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your child in case of need.

## Section C - Parent Participation and Disclosure *Please read the following carefully. Signature required at the end of this form.*

All parents are invited and encouraged to take an active and ongoing role in Catholic Youth Ministry (CYM). Your participation is vital to the formation of your children. Parents are the first and primary teachers of our Catholic faith to their children. Catholic Youth Ministry supports parents in their role as primary teachers by working cooperatively with parents, by providing religious education and program opportunities to our youth and their parents, by gathering a community of believers who are peers of their children, and by offering pastoral ministry to enrich the faith formation of our young people and their families.

It is the intention of CYM that any communication to youth is also sent to parents. Some communications may be sent to parents only. Some communication may be sent to youth only if email address and cell phone numbers for parents are not given. Text and email messages to the youth and parents are the primary means of communicating CYM information. Text messaging is the most effective way to communicate with teens and with many parents. Email messages are nearly as effective. Therefore, a valid cell phone and a valid email address are essential for each parent and for each youth and are emphatically requested. Cell phone numbers will primarily be used to provide CYM notifications and information through text messages. The email address and cell phone for students may be the same as the parent email and cell phone number. However, separate email addresses are preferred and requested, especially for high school students.

All Catholic Youth Ministry activities are subject to photographs and video recordings for the purposes of recording the event, for recognition of the participants, and/or for promotional activities.

### **Parent and Family Information**

Family Mailing Address: \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Primary email \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Father's Cell Phone ( ) \_\_\_\_\_ Father's email \_\_\_\_\_

Religion \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Mother's Cell Phone ( ) \_\_\_\_\_ Mother's email \_\_\_\_\_

Religion \_\_\_\_\_

### **SIGNATURE OF PARENT OR GUARDIAN OF MINOR (YOUTH UNDER AGE 18)**

I certify that the above information is correct and give permission for my son/daughter to participate in Catholic Youth Ministry. I also grant permission for the release of my child's medical records to an attending physician in case of illness. I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly.

Your signature must appear below or your child will not be permitted to participate in the Catholic Youth Ministry. Please check each of the following items indicating your agreement:

- I acknowledge the above statements.
- I acknowledge that my child's picture may be taken as part of Catholic Youth Ministry activities. Names of persons in such pictures will not be used without specific permission.
- I hereby grant permission for publication of group photos (two or more persons) taken at CYM ministry events.
- I hereby grant permission to include student phone number, address, and email address on a group roster.
- I also understand that my child shares the obligation of all Catholics to attend Mass on Sundays and other Holy Days of Obligation.

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**Please sign this form manually or electronically by completing the following:**

Full first name, full middle name, last name printed and signature

\_\_\_\_\_

Initials (for digital signature) \_\_\_\_\_

Date \_\_\_\_\_

Additional student information

\_\_\_\_\_