

St. Vincent Pallotti Jr. High Youth Group Registration

Family Last Name: _____

Address: _____
Street City State Zip

Home Phone: () _____ Cell Phone: () _____

E-Mail Address: _____ *(To be used for informational correspondence)*

Father: _____ Phone: _____

Mother: _____ Phone: _____

Religious Affiliation _____ Parish _____

Additional Contact*(for emergency)*: _____ Phone: _____

Cell Phone: _____

Relationship to Children: _____

Child(ren)'s Name: First & Last	Birth Date M/D/Y	Grade	School Attending	Interests	Other Activities Involved In
	/ /				

Are there any special challenges or considerations (such as reading difficulties, ADD, Asthma, Epilepsy, food allergies, medication, emotional difficulties, family problems, etc. that we should be aware of?

(All information is kept private and confidential) This information can be of valuable assistance in helping the Youth Group Facilitator to understand and help your child as much as possible.

CAN YOU HELP!

Please Indicate How You Can Share Time/Talents In The Jr. High Youth Group Program.

We Strongly Encourage You To Volunteer Your Time:

Chaperone or Driver: _____ Activities: _____ Liturgy: _____ Crafts: _____ Bake Goods: _____

Hospitality for Retreats, Youth Group Activities, etc.: _____ Other _____

Adult Volunteer Requirement

Any Adult that volunteers for the Jr. High Youth Group program is required to attend a Protecting God's Children workshop and complete a background check (no cost to you). Drivers must supply a copy of your Drivers License and your Insurance Policy. Please see a Youth Group Facilitator for more information.

PHOTO PERMISSION:

Please sign and date here if you **DO NOT** want a photograph posted of your child in our parish media (bulletin, poster, etc.) Name: _____ Date: _____

**St. Vincent Pallotti Jr. High Youth Group
Expectations**

All members are expected to:

- Be respectful to all in attendance.
- Sign in upon arrival to Youth Group gatherings. Sign out when leaving.
- Have read, understand and signed the youth "Code of Conduct" policy.

Student:

I understand the guidelines above and understand, if violated, actions deemed necessary by the Youth Group Facilitator(s) will be taken which may include parental contact.

Parent/Guardian:

I will support my youth's participation in the St Vincent Pallotti Parish Jr. High Youth Group. I understand that my youth is expected to be in attendance for the assigned timeframe they have signed in for, and for any early releases I will need to make necessary arrangements with the Youth Group Facilitator(s).

Student Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

**St. Vincent Pallotti Jr. High Youth Group
Parent/Guardian Permission Form**

Parent/Guardian:

I hereby give my child(ren), _____, permission to participate in all Youth Ministry activities, trips and programs sponsored by St. Vincent Pallotti Parish for the program year beginning January, 2014. I have read all of the Youth Group rules and the Jr. High Code of Conduct and agree to abide by them.

My child(ren) has permission to ride in a Parish bus or vehicle or a parish adult's vehicle for transportation to and from special events or service projects. I specifically waive any and all claims of any nature I may have against St. Vincent Pallotti Parish or the Archdiocese of Detroit, their representatives, employees, agents and assigns (including, but not limited to, staff and adult supervisors) relating to or arising out of the above described activity including, but not limited to, claims that may be derived from any accident or injury sustained by my son/daughter en route to, during, and/or returning from the activity. I further understand that parish representatives are **NOT** permitted to dispense medication. ***In case of emergency my child has permission to be transported to the nearest medical facility or hospital for treatment.***

Parent or Guardian Signature _____ Date _____