



## Middle School Ministry (MSM) Registration Form

### YOUTH INFORMATION

First, Middle, Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size (circle one) S M L XL

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

### PARENT INFORMATION

Parent/Legal Guardian's Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

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

Relation to youth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

### PHOTOGRAPHY RELEASE

Without compensation, I hereby grant permission to ACT1V8, OLSS, & Diocese of Saint Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

HEALTH INFORMATION

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Care Plan / Identification Number:  
\_\_\_\_\_ / \_\_\_\_\_

Prescribed Medications taken by Youth:  
\_\_\_\_\_

Known Allergies:  
\_\_\_\_\_

Other Medical Conditions or Things We Should Know:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

(Of the following statements pertaining to medical matters, sign only in accordance with your wishes.)

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to Diocese of St. Augustine's employees, volunteers, or representatives to seek medical treatment for my child above named.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Diocesan representatives or volunteers to hospitalize, secure proper treatment for, and to order injection and / or anesthesia and / or surgery for my child above named.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

In the event it comes to the attention of the ACT1V8 or Diocese of St. Augustine's employees, volunteers or representatives that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I hereby give permission for over-the-counter medication to be administered to my child according to directions.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

## Rules and Guidelines of Youth Ministry Participants

We ask all youth participants of any and all youth ministry events of the parish or Diocese to abide by the following:

- 1.) Youth Participants must stay for the entire youth event unless having prior approval from a parent /guardian and with foreknowledge of an adult(s) in charge of the ministry event.
- 2.) Youth participants should actively participate to the best of their ability in any youth event. Furthermore, we ask all youth participants to refrain from negativity so as not to bring others down. If you do not feel like being at a youth event, please let us know immediately - we will never force you to participate.
- 3.) Any damage occurred to OLSS /Diocesan property due to a youth participant's negligence or misbehavior will be the financial responsibility of that participant and/or participant's family. Youth are likewise expected to clean up any messes made by them on OLSS's grounds.
- 4.) All cell phones should be put on silent and not be used as to distract youth from event participation.
- 5.) All youth participants are to be respectful and generous to their peers, adults, and volunteers of the ministry. Under no circumstance will bullying, gossip, or inappropriate conduct or language be tolerated. Youth are expected to treat all those within the youth program with undue respect and dignity. They should approach problems or concerns with others using maturity and discretion, following the Biblical approach set forth in Matthew 18:15-20.
- 6.) Youth participants are not allowed to have any weapons, drugs, tobacco products, or alcoholic beverages while on OLSS, Diocesan, or youth ministry event grounds.
- 7.) All youth should dress modestly. All clothing should be free of vulgar or drug related messages. Shirts and Shorts should be an appropriate length.
- 8.) Any life-threatening / dangerous situation should be reported immediately to the Director of Youth Ministry or, if otherwise not present, to an adult of the ministry event.
- 9.) What is said in a small group discussion by a youth is to remain in the small group. That is, no youth is allowed to talk about personal information concerning another youth unless it is a life - threatening situation. This allows for openness, trust, and vulnerability amongst the youth in a Christian community.
- 10.) All youth should be open to growing in their Catholic faith at each event. Our ministry's goal is to deepen youth's experience and relationship of Christ and the Church within a safe, friendly environment.

Failure to abide by these rules could result in removal from a ministry event or the youth ministry program itself.

This form will be kept on file for the 2016-2017 school year.

It is the responsibility of the parent/legal guardian to inform the youth ministry office of any changes in the information provided on this form.

Signature of Youth Participant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent of Participant \_\_\_\_\_

Date \_\_\_\_\_