

**ST. TERESA OF AVILA JUNIOR HIGH YOUTH GROUP MEMBERSHIP FORM
2011-2012**

Youth participant's full name: _____

School: _____ Grade: _____

Date of Birth: _____ Sex: _____ Male _____ Female

Address: _____

Home Phone: _____ Teen Cell Phone: _____

Parent Email: _____ Student Email: _____

Is the family registered at the parish? _____ Yes _____ No (If no, please indicate the Parish you are registered in: _____)

Member lives with: _____ Parents _____ Father _____ Mother _____ Guardian _____ Other

Father's / Guardian's full name: _____

Cell phone: _____ Home phone _____
(if different than above)

Mother's / Guardian's full name: _____

Cell phone: _____ Home phone _____
(if different than above)

We are always in need of adult volunteers. If you would be willing to volunteer some of your time with our youth program, please indicate so below with a phone number where you can be reached.

Yes, I'd love to help out! _____ Phone: _____

Please indicate any specific concerns that our Youth Group Team should be aware of for your child. Please indicate if your child has any allergies (including food) that we should be aware of.

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 of parish youth activities (eg, bulletin boards). I also give my permission for members of the Youth Ministry Team to contact my child via personal email with the understanding that myself or another adult will be copied on the email.

Signature of Parent or Legal Guardian Date _____

Please return one registration form for each youth participant with the \$25.00 registration fee made payable to St. Teresa of Avila Parish.

ST. TERESA OF AVILA YOUTH MINISTRY OFFICE
Medical Information & Liability Release

Please print and complete all areas.

Name _____ Birth Date _____

Address: _____

_____ Home Phone _____

EMERGENCY TELEPHONE NUMBERS:

Phone numbers where our youth ministry leader can reach a parent or an emergency contact for the child named above during scheduled events.

Parent/Legal Guardian: Cell Phone: _____ Work Phone: _____

Emergency Name & Relationship: _____

Phone: _____

MEDICAL INSURANCE CARRIER:

Parent/Guardian's Insurance Group Name _____

Insurance ID/up Number _____

MEDICAL INFORMATION:

- Family physician's Name _____ Phone _____
- Date of last tetanus shot: _____
- Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:
Food _____ Drug _____
Animal _____ Other _____
- My child requires the following medicine: _____ Frequency _____
- My child has permission to be given Tylenol or Ibuprofen if they request it.
_____ Yes _____ No

In case of 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 permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless St. Teresa of Avila Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability.

_____ Date _____
Signature of Parent or Legal Guardian

THIS FORM MUST BE RETURNED FOR REGISTRATION TO BE COMPLETED