

St. Francis of Assisi Catholic Church YOUTH MINISTRY REGISTRATION FORM

860 Oak Grove Road • Concord, CA 94518
925-682-5447 • Fax 925-682-5491 • Youth@SFAconcord.org

Please Print This section is for the Parents / Guardians responsible for the youth registering on this form:

Father/Guardian: Last Name _____ First Name _____ Home Phone: _____ Cell Phone: _____ Street Address: _____ City, Zip: _____ Email: _____	Mother/Guardian: Last Name _____ First Name _____ Home Phone: _____ Cell Phone: _____ Street Address: _____ City, Zip: _____ Email: _____
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YOUTH'S PERSONAL INFORMATION AND REGISTRATION – one section for each youth, please complete fully

Youth's First and Last Name: _____ Gender: Male or Female
 Youth's Date of Birth _____ Grade: _____ School: _____
 Youth's Cell Phone: _____ Youth's Email: _____
 Sacraments Received: ___ Baptism ___ Reconciliation ___ First Communion ___ Confirmation
 Other Pertinent Information: _____

Youth's First and Last Name: _____ Gender: Male or Female
 Youth's Date of Birth _____ Grade: _____ School: _____
 Youth's Cell Phone: _____ Youth's Email: _____
 Sacraments Received: ___ Baptism ___ Reconciliation ___ First Communion ___ Confirmation
 Other Pertinent Information: _____

Youth's First and Last Name: _____ Gender: Male or Female
 Youth's Date of Birth _____ Grade: _____ School: _____
 Youth's Cell Phone: _____ Youth's Email: _____
 Sacraments Received: ___ Baptism ___ Reconciliation ___ First Communion ___ Confirmation
 Other Pertinent Information: _____

Are you able to help in our Programs by volunteering in any of the following areas? Office Help
 Catechist for Jr. High High School Teen First Reconciliation / First Communion Teen Confirmation

<p><i>Please make check for Youth Ministry payable to: St. Francis of Assisi Church Fee: \$80 per youth - \$175 max. family discount If registering for Teen Sacrament Programs – First Reconciliation / First Communion, or the Teen Confirmation Program – those Registrations are done separately and other meetings must be attended.</i></p>	<p><i>For Office Use Only</i> Reg. Date: _____ Payment Date: _____ Check #: _____ <input type="checkbox"/> Cash Amount \$ _____ Received by: _____</p>	<p><i>FAMILIES: Please complete fully this side, and the other side of this form. Thank You!</i></p>
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Diocese of Oakland – Office of Youth and Young Adult Ministry
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM
There must be a copy of this form at all Youth Ministry Activities

IN CASE OF EMERGENCY, PERSON TO NOTIFY OTHER THAN PARENT / GUARDIAN:

Name: _____ Relationship to Family: _____
Phone Number: _____ Alternate Phone Number: _____

HEALTH AND MEDICAL INFORMATION

Do you authorize the adult leader to authorize medical treatment for your youth / youths in an emergency, as considered necessary by the attending physician? Yes No

State any reason why you do not want medical care given to your youth /youths in an emergency: _____

Has the indicated youth / youths had difficulty with any of the following (circle all that apply):

Youth's Name: _____ Date of last physical examination: _____
Asthma Fainting Spells Convulsions Diabetes Heart Eyes Ears Nose Throat Lungs Digestion
Menstrual Problems Other: _____ List any physical restriction or restrictions for any activity on the basis of
medical condition: _____
Family Physician: _____ Physician's Address: _____ Physician's Phone: _____
Medical Plan: _____ Plan Number: _____ Card Number: _____

Youth's Name: _____ Date of last physical examination: _____
Asthma Fainting Spells Convulsions Diabetes Heart Eyes Ears Nose Throat Lungs Digestion
Menstrual Problems Other: _____ List any physical restriction or restrictions for any activity on the basis of
medical condition: _____
Family Physician: _____ Physician's Address: _____ Physician's Phone: _____
Medical Plan: _____ Plan Number: _____ Card Number: _____

Youth's Name: _____ Date of last physical examination: _____
Asthma Fainting Spells Convulsions Diabetes Heart Eyes Ears Nose Throat Lungs Digestion
Menstrual Problems Other: _____ List any physical restriction or restrictions for any activity on the basis of
medical condition: _____
Family Physician: _____ Physician's Address: _____ Physician's Phone: _____
Medical Plan: _____ Plan Number: _____ Card Number: _____

PARENTAL PERMISSION AND ACKNOWLEDGMENT OF CONDITION FOR PARTICIPATING IN PROGRAM

1. I / we, parent or authorized guardian of the youth named above given permission for his / her participation in St. Francis of Assisi Youth Programs, and all related activities, including but not limited to transportation to and from youth events.
2. I / we agree to direct my / our youth to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
3. I / we agree to be responsible for all medical expenses relating to injury of my / our youth as a result of his / her participation in this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.
4. I / we understand that youth participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or facilities, vehicle accidents while in transport, or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in St. Francis of Assisi Youth Programs, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor youth agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant, whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the youth, parent guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releases or otherwise.
3. That the participant has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreements have been made.

MODEL RELEASE STATEMENT

I hereby (*circle one*) **GRANT / DECLINE** permission for my youth / youths named on this form to be photographed and / or videotaped during Youth Ministry and Faith Formation Activities and events; and for the resulting photographs and / or church / diocesan website, etc.) for the purpose of promoting the activities of St. Francis of Assisi Parish.

I have read this Agreement and understand everything written above.

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____