



High School Youth Ministry Program
St. Joseph Marello Parish, Granite Bay
 LifeTeen / Alpha Every Sunday afternoons 12:00pm -1:30pm (Oct – February)
 (March – May TBA)
 Email: marellolifeteen@gmail.com

Registration Form

One form per teen – Attach multiple forms if more than one teen

Please print clearly

Teen Name _____
 Address _____
 City/Zip _____
 Home Phone _____ Birthdate _____
 Student Email _____ Student cell _____
 Grade _____ School _____

Parents: Mother _____ Father _____
 Mother's Cell _____ Father's cell _____
 BEST Email for Communication: _____

Please check off Sacraments student has received:

Baptism _____ Reconciliation _____ Communion _____ Confirmation _____

Explain any health or learning concerns we should be aware of _____

Emergency Contact _____ Phone _____

A two page Permission Form for Youth Ministries --- Diocese of Sacramento must also be submitted to our Parish Office with this registration form. This form can be downloaded from our parish website at www.stjosephmarello.org. Click the Youth Ministries link.

High School Youth Ministry Tuition--- Tuition refundable only until the beginning of the program on October 15, 2017			
1 Teen			\$ 105.00
2 Teens			\$175.00
3 Teens			\$195.00
Calculate: Tuition	Total	Due	\$ _____

Parent Signature _____ Date _____

Mail registration, tuition, and Diocesan forms to:
St. Joseph Marello Parish, 7200 Auburn Folsom Rd., Granite Bay, CA 95746

**Catholic Youth Ministry – Diocese of Sacramento
St. Joseph Marelo Parish, Granite Bay, California**

This form is for the express use of junior high and high school youth ministry in the Diocese of Sacramento. It is not intended for use by Catholic schools or parish faith formation classes. The form remains in effect for one year from date of parent/guardian signature. Participant name

_____ Date of birth (m/d/y) _____

Parent/ Guardian _____

Street Address _____

City/ State / Zip _____ Home Phone

(_____) _____ Work (_____) _____ Cell (_____) _____

Medical Matters:

I, (name of parent/guardian) _____, grant permission for my child,

_____ to participate in the Youth Ministry sponsored by Saint Joseph Marelo Parish, Granite Bay, CA., and the Diocese of Sacramento. (Of the following statements pertaining to medical matters, sign only those in accordance with your wishes):

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to the Diocese of Sacramento, parishes within the Diocese, and their employees, agents, representatives and volunteers, to transport my child to a medical facility for emergency medical, dental or surgical treatment. I hereby consent to those aforementioned individuals to authorize emergency treatment for my child. I wish to be advised prior to any further treatment by the hospital or doctor. I agree to provide the Youth Ministry with current telephone numbers of where I can be reached, including cell phone numbers and the names and phone numbers of individuals who are likely to know where I am. In the event of an emergency, if you are unable to contact me at the above numbers, please contact:

Name _____ Relationship _____

Telephone (_____) _____ Family Doctor _____ Doctor's Phone (_____) _____

_____ Family Health Plan Carrier _____ Policy # _____

_____ Participant's Soc. Sec. # _____

(1) Signature _____ Date _____

Other Medical Treatment

In the event it comes to the attention of the Diocese of Sacramento, or any of its employees, agents, representatives, volunteers or chaperons or any parish, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with telephone charges reversed to me).

(2) Signature _____ Date _____

Medications

My child is taking medications at present and will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage are as follows:

_____ I give permission to the chaperons supplied by Youth Ministry to administer these medications.

(3) Signature _____ Date _____

No medication of any type, whether prescription or nonprescription may be administered to my child unless the situation is life- threatening and emergency treatment is required.

(4) Signature

Date

I hereby grant permission for nonprescription medication (such as non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the chaperones supplied by Youth Ministry.

(5) Signature

Date

Medical information - The Diocese of Sacramento will take reasonable care to keep this information confidential.

Allergic reactions (medications, foods, plants, insects, etc.): Immunization: Date of last tetanus/diphtheria immunization:

Medications child currently takes: Does child have a medically prescribed diet?:

Any physical limitations? Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting?

Have you recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc? If so, dates and disease or condition: Alert chaperons to these medical conditions:

Transportation

I give permission for my child (named on reverse) to be transported to and/or from youth ministry programs, events, and activities in vehicles driven by adult chaperons, selected by the parish youth minister in accordance with diocesan guidelines.

Liability Waiver

For value received, I represent that I am a custodial parent of my child and agree on behalf of myself, my child's other parent:

(Name of parent)

(if known or living), my child named herein, our heirs, successors, and assigns, to forever release, discharge, defend and hold harmless the DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, agents, volunteers, sponsors, promoters, and affiliates, from any and all liability, claim, loss, damage, cost or expense that may be made or brought on my behalf or on my child's other parent's behalf, or on my child's behalf against the DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, agents, volunteers, sponsors, promoters, and affiliates. I forever waive any such claims against any such person or organization arising directly or indirectly from, or attributable in any legal way, to any action or omission to act of any such person or organization named above.

I fully understand the consequence of the foregoing statements and sign this PARENTAL/GUARDIAN CONSENT FORM

TRANSPORTAION / LIABILITY WAIVER knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in Youth Ministry).

(6) Signature

Date

Youth

I understand and agree that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from any Youth Ministry program, event, or activity and that I will be sent home at my own or my parent's or guardian's expense. Being found with any alcoholic beverage, drugs or weapons is cause for automatic dismissal from any Youth Ministry program, event, or activity. I agree to uphold and exemplify positive Catholic values and morality at all Youth Ministry programs, events and activities. (Student's signature must appear below or he/she will not be permitted to participate in Youth Ministry.)

(7)

Signature

Date