

St. Bede the Venerable Church

Middle School Youth Group 2009-2010 Membership Form [Please return one registration form for each youth participant.]

Date of membership: _____

Youth participant's full name: _____ Gender: _____ Male _____ Female

Address _____

Home Phone: _____ Youth Email: _____

School: _____ Grade in-Sep 2008: _____

Father's / Guardian's full name: _____

Father's Home phone: _____ Cell phone: _____

Email: _____

Mother's / Guardian's full name: _____

Mother's Home phone: _____ Cell phone: _____

Email: _____

Would you be willing to send in snacks for a meeting? Y N

Would you be willing to drive for any of our outings? Y N

In the event of an emergency, please contact FIRST (circle one)

Mother/Guardian Father/Guardian At # _____
(Please note, our policy is to contact initial parent contact, then alternate parent and finally the emergency contact person stated below)

In the event of an emergency, when parent can't be reached, call:

Emergency contact name: _____ Relationship _____

Phone (list home, work & cell): _____

Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:

Food _____ Drug _____ Animal _____ Other _____

Does your child need to have our program activities limited in any way (please explain)

Please indicate any specific concerns that our Youth Group Team should be aware of for your child. (Academic, Physical, Behavior etc...) _____

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 including the website.

Date _____ Signature of Youth Participant _____

Date _____ Signature of Parent or Legal Guardian _____

St. Bede the Venerable Middle School Youth Group Medical Release for ALL Youth Group Activities

To whom it may concern:

As a parent/guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency, which in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Signature

Date