

FOR OFFICE USE ONLY

PAID: CASH CHECK

INIT. _____ DATE: _____

St. Bede the Venerable Church

Youth Ministry Program



2009-2010 Membership form

Family Name: _____ Date: _____

Address: _____ Home Phone: _____

Teen's Full Name	Birthday	M/F	Teen's E-mail Address	Teen's Cell phone #*	Text (Y/N)	School/Grade

*Note: By indicating teen's cell phone number you acknowledge and agree to your teen being contacted by cell phone and/or receiving text messages.

- Is the family registered at the parish? Yes No - Member of another parish, please indicate _____
(If not, you MUST contact the parish office for registration information)
- Father's / Guardian's full name:** _____
 Father's Home phone: _____ Cell phone: _____
 Work Phone _____ Email: _____
- Mother's / Guardian's full name:** _____
 Mother's Home phone: _____ Cell phone: _____
 Work Phone _____ Email: _____
- Marital Status: Married Single Separated Divorced Remarried

Mother/Guardian

Is email a reliable way to contact you? Y N
 Would you like to receive parent mailings at the above address? Y N
 Should we mail student information to the above address? Y N
 Student resides with above parent (Please circle one)
 Everyday Weekdays Weekends Never
 What is the preferred way to contact you (circle one)
 Home phone Cell phone Work phone Email
 Would you be willing to volunteer in our program? Y N

Father/Guardian

Is email a reliable way to contact you? Y N
 Would you like to receive parent mailings at the above address? Y N
 Should we mail student information to the above address? Y N
 Student resides with above parent (Please circle one)
 Everyday Weekdays Weekends Never
 What is the preferred way to contact you (circle one)
 Home phone Cell phone Work Phone Email
 Would you be willing to volunteer in our program? 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 (please indicate someone other than parents):

- Emergency Contact Name:** _____ **Relationship** _____
Phone (list home, work & cell): _____

- Teen has permission to drive to/from youth meetings and offsite youth events. Yes No
- May I communicate with your teen via the various social network sites (ex. Facebook)? Yes No
- Please indicate any specific concerns that our Youth Ministry Team should be aware of for your teen. (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 Parish/Youth Ministry Website.

Date _____ Signature of Youth Participant _____

Date _____ Signature of Parent or Legal Guardian _____

**St. Bede the Venerable
Youth Ministry Program 2009-2010
Medical Information & Liability Release**

This Medical Release will allow teen to participate in ALL H.S. Youth Group Activities. Additional Permission slips will NOT be issued if child is registered and has this Medical Release form on file. PLEASE notify us immediately of any change in personal and/or medical information. [Please return one Medical Information & Liability Release form for each youth participant.] Thank You.

Please print and complete all areas.

Student Name _____ Birth Date _____

Address _____ Home Phone _____

City/Zip _____

EMERGENCY TELEPHONE

Please indicate ALL phone numbers where our youth ministry leaders can reach a parent **AND** an emergency contact person (other than parent) for the student named above during scheduled events.

1) Parent/Legal Guardian	Cell/Work #
2) Emergency Contact: Name/Relationship to teen	Home/Cell/Work #

MEDICAL INSURANCE CARRIER:

Parent/Guardian's Insurance Group Name _____

Insurance ID Number _____ Group 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 _____
- Does your child need to have our program activities limited in any way (please explain)

- 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 and/or the emergency contact person. However, if we cannot be reached, I give permission to the staff to secure the services of a EMT or 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. Bede's Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability.

Signature of Parent/Legal Guardian Date _____

This form must be returned for registration to be completed.

Permission to Participate in St. Bede's Youth Ministry Program 2009-2010

I grant permission for my child _____ to participate in the Youth Ministry Program at St. Bede the Venerable Parish in Holland, PA from August 2009 thru August 2010. I agree to my child's participation in the activities and events sponsored by the Youth Ministry Program, including off-site trips such as Service opportunities at nearby facilities. I have read the Youth Ministry Handbook and the Code of Conduct for participants and I agree to the terms as stated.

Transportation and Dismissal: Parents are responsible for transporting students to and from the Youth Ministry meetings/gatherings. Students are to be on time and will not be dismissed prior to the pre-set dismissal time. *Early dismissal:* a letter must be submitted for an early dismissal. Letter must state when and with whom the child is to be dismissed. No student will be dismissed without an adult to assume responsibility of the student, unless the student is able to drive (written notice required, it is also needed if a student is being transported by another student). *When a student transports him/herself:* parents assume full responsibility for the safety of their child while being transported to meetings even if he/she travels by themselves (ie: walk, ride a bike, or drive). St. Bede's assumes no responsibility for where a child goes preceding or following a meeting/gathering.

Photographs: I give my consent for my child's picture to be taken as a part of the youth ministry activities, to be posted in the youth ministry office and to be used in any promotion or newspaper articles of parish youth activities including the parish/Youth Ministry website.

Enforcing Behavioral Guidelines: I agree to uphold the behavioral guidelines for parents and discuss the behavioral guidelines for students with my child. I understand that my child will be expected to follow the behavioral guidelines provided (Code of Conduct). Clergy, Staff and volunteers of St. Bede's Youth Ministry Program reserve the right to discuss the behavioral guidelines with my child if they are not followed. Depending upon the nature of the disturbance, parent may be asked to pick-up a child early from an event, gathering or meeting. At the discretion of the Youth Minister or staff member, students receiving disciplinary action may become ineligible to participate in trips and socials. Continual disturbances may result in the student being dismissed from the program for the rest of the program year.

I hereby agree to indemnify and hold harmless St. Bede the Venerable Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any injury sustained as a result of participation. I assume responsibility for any loss, theft or damages my child may cause to St. Bede's property, plant, grounds or equipment. I assume responsibility for any loss, theft or damage my child may cause to its employees, and/or volunteer staff's person or possessions. I assume responsibility for any loss, theft or damages my child may cause while participating in any off-site visit/trip as part of the Youth Ministry Program.

Parent's Signature _____

Date _____

YOUTH CODE OF CONDUCT

PRINT NAME CLEARLY: _____

1. I agree to respect the rights and property of others. I understand neither vandalism nor stealing will be tolerated. Financial obligations that result from such behavior will be the sole responsibility of myself and my family.
2. I agree to respect adult leaders and other participants. I understand that insults, put-down, jokes of a hurting nature, etc. will not be tolerated.
3. I agree to demonstrate Christian values by my language and behavior.
4. I understand that by signing below I commit to using appropriate conduct while participating in Youth Ministry event, meetings, outings, etc. The following behavior is appropriate conduct: *one armed side hugs, handshakes, high fives and hand slapping, verbal praise, arms around shoulders and holding hands during prayer.*
5. I understand that that by signing below I will refrain from using inappropriate behaviors. The following behaviors are samples of inappropriate conduct. Please note that this list is not exhaustive: *kissing, inappropriate touching (including hugs/embraces around the waist), verbal sarcasm, massages of any kind, any form of unwanted affection and comments that relate to anyone's body.*
6. I agree not to possess any drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, knives, or items that would endanger people, pets, wildlife, or property or are illegal.
7. I agree to dress appropriately for the given activity and refrain from wearing clothing which *is excessively revealing; has any reference to tobacco or alcohol products including insignias or advertisements; is imprinted with inappropriate language or insignias.*
8. I will act as a lady or gentleman and refrain from any sexual misconduct.
9. I will not leave an event, unless my adult leader grants permission.
10. I will not bring radios, boom boxes, CD players, I-Pods, and video games to an event or meeting, unless specifically pre-approved. I will only use my cell phone or electronic communication devices for an emergency or during designated times.
11. I will be open to building new relationships with my peers and adult leaders.
12. I will have FUN!

I understand the need to agree to the above items. I realize and agree that if I do not abide by these rules, I may lose the privilege of attending a scheduled activity, or may be sent home at the discretion of the adult leader. I will be responsible for all consequences of my behavior.

I, as a participant agree to abide by these guidelines.

_____ Signature _____ date

I, as the parent/guardian of this participant, agree to these guidelines for my teen.

_____ Signature _____ date