

Registration for St. Joseph's Youth Ministry

2016-2017 Academic Year

*Please complete forms in their entirety and to the best of your knowledge. If anything on the form changes, it is responsibility of the family to inform the youth ministry office at 703.880.4309 / d.bristow@sjcherndon.org. All information is for sole usage of St. Joseph's Youth Ministry.

Part 1 – Youth Information (one form per child)

Name: _____ Birthdate: ____/____/____
Home Address: _____
Home Phone: _____ / Parent Cell: _____
School of Youth _____ / Grade in School _____
Interests of Youth _____

Part 2 – Parent / Guardian Information

Name of Parent(s) / Guardians(s): _____
Home Address (if different from above): _____
Parent(s) Work Number: _____ / _____
Family / Parent Email: _____

Part 3 – Emergency Contact Information

Emergency Contact: _____
Relation to Youth: _____
Home Address: _____
Phone Number: _____ / _____

Part 4 – Health Care Information

Name of Health Care Provider _____ Phone Number of Provider: _____
Health Care Provider Group / Identification Number: _____ / _____
Prescribed Medications taken by Youth: _____
Known Allergies: _____
Date of last Tetanus Booster _____
Other Medical Conditions or Things We Should Know:

Part 5 – St. Joseph’s Youth Ministry Participation & Medical Release Form

I, (youth’s name) _____, am a participant in St. Joseph’s Youth Ministry and hereby acknowledge that this program and its events may involve a variety of activities which may be both physical and mental in nature. These activities are designed to be within the limits of a person who is in reasonably good health. The level of participation in all programs and activities is at all times completely up to the individual. Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer an emotional or physical injury and disability.

Liability Coverage: The Parish/School is not furnishing and is not responsible for and assumes no liability in connection with participation in any activity relating to a youth ministry event. The Parish/School is not furnishing and is not responsible for and assumes no liability of guarantee or assurance of safety of participants and/or elimination of all risks from the environment. The Parish/School is not furnishing and is not responsible for and assumes no liability for the safety of personal property during participation in the program. The Parish/School is not furnishing and is not responsible for and assumes no liability for monitoring and/or control of all the daily personal decisions, choices, and activities of the individual participants. The Parish/School is not furnishing and is not responsible for and assumes no liability for assumption of responsibility for the actions of persons who are not volunteers or employees of the Parish/School or otherwise engaged by the Parish/School, for events that are not part of the program, or that are beyond the control of the Parish/School and its subcontractors. I voluntarily and without reservation and on behalf of myself, my heirs, and my estate, hereby indemnify, defend and hold harmless the PARISH of St. Joseph’s Herndon, to include but not limited to, the Diocese of Arlington, The Most Reverend Paul S. Loverde and his successors in Office, their officers, and employees from any and all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out of my actions in the course of the above program/activity.

Use of Vehicles: I further acknowledge, with regard to any personal vehicle driven by me or which I am a passenger in, that in the event of an accident, there is no coverage afforded to me through the Diocesan Master Insurance Program for liability or physical damage sustained to any vehicle involved or liability incurred by me while operating my vehicle. I acknowledge that if I choose to park at any Diocesan or parish facility, I do so at my own risk.

Reimbursement of Medical Expenses: I recognize and acknowledge there is no volunteer accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury I sustain as a result of performing my services. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from the Diocese, or their insurer, for any medical expenses.

Informed Consent to Medical Treatment: In the event of an injury, I hereby give the Diocese of Arlington and/or its parish(es) full authority to take whatever action they feel is warranted under the circumstances regarding my health and safety, if I am not in a condition to give informed consent including but not limited to the application of emergency medical procedures, the admittance to a hospital, or the care of a medical professional at my expense.

Safety: Further, I agree to follow all procedures and safety precautions set forth by the Diocese and the parish(es) in addition to ensuring the protection of minors from sexual misconduct and/or child abuse in order to conform with the requirements adopted by the United States Conference of Catholic Bishops and Catholic Diocese of Arlington Policy on the Protection of Children/Young People and Prevention of Sexual Misconduct and/or Child Abuse.

Photo: Also, I authorize St. Joseph’s Youth Ministry to use my child’s picture or video recording for educational purposes in a non-identifying manner. Parents/guardians who do not wish their child to be photographed or filmed should notify the Office of Youth Ministry in writing. I freely execute this Acknowledgement with full knowledge of its content.

Signature of Youth Participant _____ Date _____

Signature of Parent if Participant is Under 18 years of Age _____ Date _____

Signature of Director of Youth Ministry _____ Date _____

Medical Release: As the parent/legal guardian of _____, I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

Signature of Parent _____ Date _____

Part 6 – Rules and Guidelines of Youth Ministry Participants

We ask all youth participants of any and all youth ministry events of the parish or Diocese to abide by the following:

- 1.) Youth Participants must stay for the entire youth event unless having prior approval from a parent /guardian and with foreknowledge of an adult(s) in charge of the ministry event.
- 2.) Youth participants should *actively* participate to the best of their ability in any youth event. Furthermore, we ask all youth participants to refrain from negativity so as not to bring others down. If you do not feel like being at a youth event, please let us know immediately – we will never force you to participate.
- 3.) Any damage occurred to St. Joseph /Diocesan property due to a youth participant’s negligence or misbehavior will be the financial responsibility of that participant and/or participant’s family. Youth are likewise expected to clean up any messes made by them on St. Joseph’s grounds.
- 4.) All cell phones should be put away and not used out of courtesy unless given specific permission to do so by an adult of the ministry (or an unforeseen emergency).
- 5.) All youth participants are to be respectful and generous to their peers, adults, and volunteers of the ministry. Under no circumstance will bullying, gossip, or inappropriate conduct / language be tolerated. Youth are expected to treat all those within the youth program with undue respect and dignity. They should approach problems or concerns with others using maturity and discretion, following the Biblical approach set forth in Matthew 18:15-20.
- 6.) Youth participants are not allowed to have any weapons, drugs, tobacco products, or alcoholic beverages while on St. Joseph, Diocesan, or youth ministry event grounds.
- 7.) All youth should dress modestly to the best of their ability. All clothing should be free of vulgar or drug related messages. Shirts must cover the majority of the shoulders. Shorts should be an appropriate length of no more than four (4) inches above the knee.
- 8.) Any life-threatening / dangerous situation should be reported immediately to the Director of Youth Ministry or, if otherwise not present, to an adult of the ministry event.
- 9.) What is said in a small group discussion by a youth is to remain in the small group. That is, no youth is allowed to talk about personal information concerning another youth unless it is a life-threatening situation. This allows for openness, trust, and vulnerability amongst the youth in a Christian community.
- 10.) All youth should be open to growing in their Catholic faith at each event. Our ministry’s goal is to deepen youth’s experience of Christ and the Church within a safe, friendly environment.

Failure to abide by these rules could result in removal from a ministry event or the youth ministry program itself. If you have any questions regarding the following rules, please let us know.

Signature of Youth Participant _____ Date _____

Signature of Parent of Participant _____ Date _____

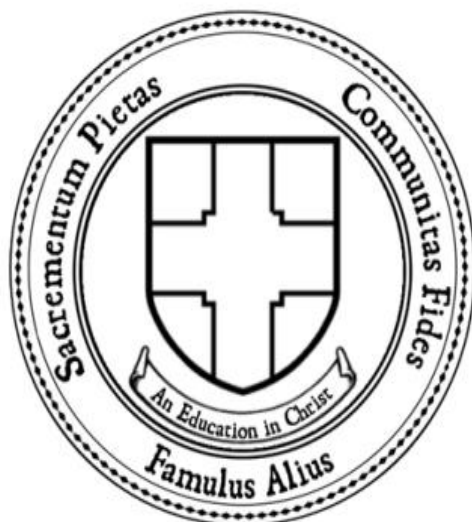
Part 7 – Financial Offering for Registration

The Youth Ministry Program asks for a \$25.00 offering per youth registration every year. These funds go directly into our ministry events. They help subsidize food expenses, retreat expenses, and expenses relating to materials for any and all youth events. Our ministry program is large and vibrant – every financial contribution makes a difference.

If you are unable to pay the \$25.00 we ask that you give as much as you can up to that amount. If your financial means make it impossible to pay at this time, we will understand - your son / daughter can still be part of the ministry.

Please make checks (no cash) out to St. Joseph's Catholic Church with "Youth Ministry Registration" in the memo line. Turn the check in with the registration form at any youth event or mail it into:

St. Joseph's Catholic Church
Att: Youth Ministry / David Bristow
750 Peachtree Street
Herndon, VA 20170



St. Joseph's
Youth Community