



September 2011

Dear Parents and Students,

The peace and blessings of our God be with you. Our high school youth group, **Catholics**, is designed to meet the spiritual, community, faith formation, and social needs of ninth through twelfth graders. All high school students are always welcome and are encouraged to bring their friends. We meet most Sunday evenings from 6:00 – 8:00 pm in the Youth House. There is a registration fee of \$25.00 for the year.

Our high school students are faced with many demands for their attention and their time, therefore, much of the resulting activities focus on narrow areas of life for only short periods of time. At St. Paul's we are aware that the experiences and relationships of young people can greatly influence their healthy and positive development so we strive to surround our youth with positive networks of support. Among our goals are:

- The development of a lifelong discipleship with Jesus Christ
- An invitation into the life and mission of our Church
- Involvement in the liturgical life of our parish and its celebrations
- Fostering personal and spiritual growth of each young person

Our ministry is more than programs and events. It is a ministry to, with, by and for young people that involves young people, their families, the parish community and the larger community of man.

In addition to our weekly meetings, we look forward to youth being involved in various service activities such as Taizé Services, Friday Fish Fry meals every other Friday during Lent, a Seder meal, various social activities, our Brown Bag Food Drive, retreats, and an annual mission trip.

Our parents are vital to the success of Youth Ministry at St. Paul's and you are encouraged to participate in any way you can. We urge you to clear your teen's schedule on Sunday nights from 6:00 – 8:00 pm and make **Catholics** your teen's Sunday night commitment.

For more information please contact the Youth Ministry Office (352) 789-6354, ext. 269

Youth Ministry Registration

Youth Information

Youth's Full Name:			T-Shirt Size: (Adult)
Home Address:			Zip Code:
Home Number:	Cell:	Student Email:	
Birthday:	Place of Birth:	City:	State:
Father's Name:	Cell:	Email:	
Mother's Name:	Cell:	Email:	
School Attending:			Grade:
How would you like to serve at the 12:30 Youth Mass? (please check all that apply)			
			<input type="checkbox"/> Usher <input type="checkbox"/> Lector <input type="checkbox"/> Cantor

Sacramental Information

	<i>Date</i>	<i>Church</i>	<i>City/State</i>
Baptism :	_____	_____	_____
Reconciliation:	_____	_____	_____
Holy Communion:	_____	_____	_____
Confirmation	_____	_____	_____

Health Information

Are there any health concerns that we should be aware of in order to assist your child in an emergency? If yes, please describe:

Does your child have any special needs that we should be aware of? Please describe:

Emergency Information

In Case of Emergency, whom should we call?

Name: _____ Relationship: _____ Phone: _____

Parent Signature: _____ Date: _____

REGISTERING FOR (Please Check)

- H₂O – Hope 2 Offer (Grades 6-8)
 Catholics (Grades 9 – 12)

Registration Fees:

H₂O: \$20.00 † Catholics: \$25.00 † Family Rate: \$30.00 (Family means 2 or more youth in YM program)

SCHOLARSHIPS AVAILABLE (please see Youth Coordinator privately)

In what capacity will parents volunteer? (please check one)

- | | | | | |
|--|---|--------------------------------------|--|---|
| <input type="checkbox"/> Planning Team | <input type="checkbox"/> Small Group Leader | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Birthday Ministry | <input type="checkbox"/> Chaperone/ Drive |
| <input type="checkbox"/> Historian | <input type="checkbox"/> Service Projects Asst. | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Communications | <input type="checkbox"/> Confirmation |

Diocese of Orlando
 OFFICE OF YOUTH & YOUNG ADULT MINISTRY •
 PARENTAL/GUARDIAN CONSENT FORM, LIABILITY WAIVER & MEDICAL CONSENT

please PRINT legibly

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign/initial only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medications

_____ I hereby **Grant Permission** for my child to be given the following provided medications. My child will bring all such medications, well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] *(Please initial)*

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication: _____ Dosage: _____ Administer: _____
 Medication: _____ Dosage: _____ Administer: _____
 Medication: _____ Dosage: _____ Administer: _____
 Medication: _____ Dosage: _____ Administer: _____
 Medication: _____ Dosage: _____ Administer: _____

Medical Conditions Information: (Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter:

- Is allergic to the following medications _____
- Has had an episode of the following or has been diagnosed with: Seizures Asthma Diabetic
- Has had allergic reactions to the following (foods, dyes, latex, etc.) _____
- Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No
- Has a medically prescribed diet *(please explain)* _____
- Has the following physical limitations _____
- Immunizations current and up to date? Yes No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child: _____

Insurance Information No, I do not carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

I fully understand the foregoing statements and sign this Parental/Guardian Consent Form, Liability Waiver & Medical Consent knowingly, freely, and willingly.

Parent/Guardian Signature *(must sign for any participant under 18 &/or 18 or older & in high school)* _____ Date _____

Participant Signature *(participant 18 years of age or older must sign)* _____ Date _____

PHOTOGRAPHY AND IMAGE ASSIGNMENT, WAIVER, AND RELEASE

As you review this photo release form, please do so with regard to any particular considerations of photos of your child being available on-line or in print.

I, _____, for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to St. Paul's Youth Ministry and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property.

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

Signature

Date

Witness: _____

If applicable, name(s) of minor children/wards _____