



September 2011

Dear Parents and Students,

The peace and blessings of our God be with you. Our middle school youth group, **Hope to Offer, H<sub>2</sub>O**, is designed to meet the spiritual, community, faith formation, and social needs of sixth through eighth graders. All middle school students are always welcome and are encouraged to bring their friends. We meet most Wednesday evenings from 6:30 – 8:00pm in the Youth House. Please be aware that this day is open to change as best suits the needs of those involved in the program. There is a registration fee of \$20.00 for the year.

Middle school can be a stressful time for both parents and children because so much is changing and going on in their lives physically, mentally, spiritually, and socially. At the Catholic Community of St. Paul, we give our middle school kids the tools they need in life: Jesus, The Word of God, The Eucharist, and the Church. We do this through a well-planned program of faith formation and a variety of activities in a safe and nurturing atmosphere. It is about finding their place in the community, finding their ministry to the church, and learning to use their talents and time to become light for those around them.

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

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 would urge you to clear your child's schedule for Wednesday nights from 6:30 – 8:00pm and make **H<sub>2</sub>O** your child's Wednesday night commitment.

For more information please contact the Youth Ministry Office at (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

	Date	Church	City/State
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)

- H<sub>2</sub>O – Hope 2 Offer (Grades 6-8)
  Catholics (Grades 9 – 12)

### Registration Fees:

H<sub>2</sub>O: \$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 \_\_\_\_\_