

HOLY TRINITY PARISH  
Youth Ministry Registration & Medical Release Form

Family's Last Name \_\_\_\_\_ Youth's Name: \_\_\_\_\_

Birth date \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Month / Day / Year

Please check all sacraments child has received: Student is also enrolling in RCIC: \_\_\_\_\_

- Baptism
  - Reconciliation
  - Eucharist
  - Confirmation
- RCIC is for youth who have not yet been baptized

Home Phone \_\_\_\_\_ Parent's E-mail Address \_\_\_\_\_  
Please provide an e-mail address so that we can easily provide you with current information

Address \_\_\_\_\_  
Street City State Zip

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
First & Last

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
First & Last

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
(A family member or friend who does not live with you)

Please note any prolonged illness, corrective lenses, or special needs that would help us serve your child better:

\_\_\_\_\_

In case of illness, accident or emergency involving the student named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below. Thoroughly complete the following information and number each item 1, 2, 3, etc., in the order of desired action you wish us to take.

- \_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_
- \_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_
- \_\_\_ If above cannot be located, contact \_\_\_\_\_ Phone # \_\_\_\_\_
- \_\_\_ Contact family physician (if possible) \_\_\_\_\_ Phone# \_\_\_\_\_
- \_\_\_ Take student to nearest hospital \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

Date of last DPT Immunization \_\_\_\_\_

Allergies (food, drugs, animals, etc.) \_\_\_\_\_

Current medications: \_\_\_\_\_

Name of medication	Dosage
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Reason for medication	Prescribing Physician
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Please note any injuries, recent surgery, prolonged illness, corrective lenses, or special health problems that would help emergency personnel care for your child or which might require special attention: \_\_\_\_\_

Name of Medical Insurance Company: \_\_\_\_\_

Group or I.D. Number: \_\_\_\_\_

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese of Portland assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(OVER)

Student's E-mail Address: \_\_\_\_\_

This helps us stay in touch with the youth and keep them informed of upcoming events. We keep this information confidential and do not share it with others. Parents will be copied on all communication with the youth.

### **Permission to use child's Photo**

We will be using photos from this year's events on the Holy Trinity Website [www.h-t.org](http://www.h-t.org) and bulletin boards to promote the ministry and inform the Parish community of what we are doing. We need your permission to use your student's pictures. If you will allow the Parish and The Archdiocese to use your child's photo, please sign below.

#### Holy Trinity Parish

#### Permission Form: Web Page Photographic Display of a Minor

I hereby give Holy Trinity Parish permission to use a photograph of the minor (person under the age of 18) listed below on its website.

I understand that there will be no identifying information (e.g., name, age, etc.) about the minor on this website. This permission for web page photographic display of a minor will be in effect annually from October 1, 2010 until September 30, 2011 unless this permission is revoked by written notice to Holy Trinity Parish.

Name of minor: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(Print) (Signature)

### **Volunteers are the backbone of Youth Ministry Programs; please indicate where you are able to help**

In order to keep our program **FREE**, we ask that you find at least one way to support the YM Program. Please select from the following opportunities. Thank you!

I am interested in helping in the following ways. (Please select at least one and check all that you are interested in.)

- Brownie brigade: Bring brownies, cookies or treats for a YM session
- Pizza Patrol: Bring Pizza for a YM Session
- Big Event Help: One-time help at events such as outings, volunteer work, retreats
- Drive (I can seat \_\_\_\_\_ with seat belts in my car  
# of people

I am interested in being part of the YM Leadership team:

- Middle School Catechist ~ Help lead the weekly meetings
- High School Catechist ~ Help lead the weekly meetings
- Substitute Catechist

**There are no fees for Youth Ministry. There are sometimes activities that require a small fee, scholarships available upon request.**