

# Youth Group Registration

All data collected is *CONFIDENTIAL*. Information will be used for internal purposes only, will *not* be shared with other organizations, and will be stored securely.

## Youth Information (please print)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade and School: \_\_\_\_\_ Gender:  Male  Female  
E-mail Address: \_\_\_\_\_  
Home Church: \_\_\_\_\_  
Youth Lives with:  Parents  Mother  Father  Guardian  Other: \_\_\_\_\_

Religious Preference:  
Catholic Lutheran Nazarene Baptist Methodist Episcopal Other: \_\_\_\_\_

Have you:			Do you / will you:		
Been Baptized?	Y	N	Attend mass/services regularly?	Y	N
Been Confirmed?	Y	N	Attend Youth Group regularly?	Y	N
Received First Eucharist?	Y	N	Pray regularly?	Y	N
Received Reconciliation?	Y	N	Have a faith mentor/friend?	Y	N
			Have an adult mentor/friend?	Y	N

Would you like to:			Are you interested in:		
Be an usher at Mass?	Y	N	Community service?	Y	N
Be a greeter at Mass?	Y	N	Adoration?	Y	N
Be on a Prayer Team?	Y	N	Becoming a Catholic?	Y	N
Receive the updates via e-mail?	Y	N	Other: _____		

## Parent/Guardian Information (please print)

Mother / Guardian Name:	Father / Guardian Name:
_____ First Last	_____ First Last
Street: _____	Street: _____
City & Zip: _____	City & Zip: _____

**Contact Phone Numbers:**

	Home	Cell	Work
Mother / Guardian:	_____	_____	_____
Father / Guardian:	_____	_____	_____

**E-mail Addresses:**  
Mother / Guardian: \_\_\_\_\_  
Father / Guardian: \_\_\_\_\_

Parent / Guardian Home Church: \_\_\_\_\_

Parent / Guardian Religious Preference:  
Catholic Lutheran Nazarene Baptist Methodist Episcopal Other: \_\_\_\_\_

## Transportation to/from Youth Group

Archdiocesan policy prevents adult leaders from providing transportation to and from youth group for your son/daughter. If your youth has not been picked up by 9:05 pm after Youth Group, the individuals below will be contacted. If they do not arrive to pick up your youth by 9:15 pm, we will contact the police.

If parents/guardians cannot be reached, notify the following that will provide transportation, if necessary.

1. \_\_\_\_\_  
Name Best Phone Number
2. \_\_\_\_\_  
Name Best Phone Number

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

\_\_\_\_\_ Signature \_\_\_\_\_ date

## YOUTH CODE OF CONDUCT

Print Youth Name Clearly: \_\_\_\_\_

1. I agree to respect the rights and property of others. I understand that neither vandalism nor stealing nor misuse of property will be tolerated. Financial obligations that result from such behavior will be the sole responsibility of me and my family.
2. I agree to respect adult leaders and other participants.
3. I agree to demonstrate Catholic Christian values by my language and behavior.
4. I understand that the following behavior is appropriate conduct.
  - † One armed side hugs      † Handshakes      † High fives and hand slapping
  - † Verbal praise      † Arms around shoulders      † Hold hands during prayer
5. I understand that the following behaviors are samples of inappropriate conduct. Please note that this list is not exhaustive.
  - † Kissing      † Inappropriate touching      † Verbal sarcasm or aggressiveness
  - † Any form of unwanted affection      † Compliments/comments relating to someone'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. I understand that the adult leaders may make a judgment call regarding my clothing and I agree to take action as advised. Clothing such as short shorts, low-cut tops, low-riding pants, etc. and any clothing that has any reference to tobacco or alcohol products including insignias or advertisements are not acceptable.
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, iPods, video games or other electronic device to an Youth Group or events, unless otherwise noted.
11. I will not use my cell phone during Youth Group for calls or text messaging.

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.**

\_\_\_\_\_ Youth's Signature \_\_\_\_\_ Date

## Emergency Treatment Release Form

In an emergency the following procedures will be followed in caring for your youth if he/she becomes ill or injured at Youth Group. In certain cases of extreme emergency, an ambulance may be called immediately.  
In most cases of emergency and/or need of medical/hospital care:

1. The Youth Minister / Adult Leader will call the home
2. If there is no answer at the home, the Youth Minister / Adult Leader will call the cell phone number of the mother, father, or guardian.
3. If there is no answer on the cell phone, the Youth Minister / Adult Leader will call the place of employment of the mother, father, or guardian.
4. If there is no answer at these numbers, the Youth Minister / Adult Leader will call an ambulance, if necessary, to transport the child to a local medical facility.
5. Based on the medical judgment of the attending physician, the child may be admitted to a local medical facility.
6. The Youth Minister / Adult Leader will continue to call the parent or guardian or physician until contact is made.

### Medical Information

Please state any medical/development problems your child may have, or any concerns relating to school life (such as allergies to food, pollen, or chemicals; seizures; motor skills, etc.):

Medication & Other Allergies: (list all) \_\_\_\_\_

Medication (if needed during Youth Group): \_\_\_\_\_

Speech or hearing difficulties: \_\_\_\_\_

Are there any other needs your child has that would help the Youth Minister / Adult Leader be more sensitive to him/her?

\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Indicate student's serious medical problems / issues we need to be aware of: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Company

I.D. #

Group #

Preferred Hospital \_\_\_\_\_

Please sign and complete the following form and return it with your registration.

In case of a medical emergency, if I cannot be reached, I request that the Youth Minister / Adult Leader act in the best medical interests of my child and I agree to assume all expense for moving and medically treating him/her. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

I hereby consent to participation by (print youth name) \_\_\_\_\_.  
I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers and drivers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request, if possible, I be contacted prior to treatment. As parent/legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by the named participant.

I consent further to the conditions stated above, including the method of transportation.

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Signature of Parent/Guardian

Date