

LB-NK-CC 2022-2023 Youth Ministry REGISTRATION FORM

YOUTH NAME	BIRTHDAY	AGE	GRADE
YOUTH NAME	BIRTHDAY	AGE	GRADE
YOUTH NAME	BIRTHDAY	AGE	GRADE
PARENT/GUARDIAN NAME(S)			
ADDRESS		CITY	
ZIP		PHONE	
EMAIL			
SCHOOL DISTRICT		PARISH	

If you would like your child to participate in any on- or off- campus Catholic Youth Ministry of New Kensington and Lower Burrell events during the 2022-2023 school year, both sides of this form must be completed and returned to the youth director. This information will be kept on file from September 1, 2022 to June 1, 2023 for off-campus events or should emergency medical attention become necessary.

We welcome and encourage parents and family members to participate in youth ministry activities! Please check any areas in which you would be willing and able to help:

- | | | |
|---|--|---|
| <input type="checkbox"/> Teacher/presenter | <input type="checkbox"/> driver | <input type="checkbox"/> carpentry/home improvement |
| <input type="checkbox"/> Small group leader | <input type="checkbox"/> event promotion | <input type="checkbox"/> sewing |
| <input type="checkbox"/> Event Chaperone | <input type="checkbox"/> photography | <input type="checkbox"/> technology |

- ___ Retreat chaperone
- ___ mission trip Chaperone
- ___ Sign-in table
- ___ Snack/food prep
- ___ Set-up crew
- ___ decor
- ___ clean-up crew
- ___ Thank you crew
- ___ music
- ___ games
- ___ crafts
- ___ food bank



2022-2023 PARENT-GUARDIAN CONSENT & RELEASE FORM/PHOTOGRAPHIC RELEASE FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Parent Consent and Release

As the parent or legal guardian, I realize I remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named youth(s). , **the parent/guardian of**

_____ ,
do hereby give my permission for him/her to attend Catholic Youth Ministry of Lower Burrell and New Kensington functions from September 1, 2022- June 1, 2023.

I do hereby release and forever discharge Saint Margaret Mary Parish, Mount Saint Peter Parish, St. Joseph Parish, St. Mary of Czestochowa, and the Diocese of Greensburg and designated chaperones from any/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by our son/daughter participating in Catholic Youth Ministry of New Kensington and Lower Burrell activities. I understand that some events will take place on campus, while others will take place away from the church grounds and that my child and/or children will be under the supervision of the youth director and guidance of adult volunteer chaperones with clearances. I further consent to the conditions stated above on participation in these events, including the method of transportation. I have insurance and feel that my accident insurance and hospitalization is adequate to meet all medical expenses. I understand that under no circumstances is Saint Margaret Mary Parish, Mount Saint Peter Parish, Saint Joseph Parish, Saint Mary of Czestochowa Parish, the Diocese of Greensburg, the youth director, or any of the adult chaperones responsible or liable for any injuries sustained by the above youth listed, due to participation in activities, or for any bills or expenses incurred as a result of any such injuries, and specifically indemnify and hold harmless Saint Margaret Mary parish, Mount Saint Peter Parish, Saint Joseph Parish, Saint Mary of Czestochowa Parish, the Diocese of Greensburg, youth director and adult chaperones from such claims for any such injuries.

In case of emergency, we give permission for our child to be treated at a hospital and/or by a medical doctor.

Parent/Guardian Signature _____ **Date** _____

In case of emergency, contact us at this phone number: _____

If we are unavailable, contact (name) _____ phone number _____

Our Insurance Company is _____ policy number _____

Indicate any illness or allergies of which we should be aware. Also, if the student will be taking any prescription medication, please note here: **Photographic Release**

I hereby grant to Saint Margaret Mary Parish, Mount Saint Peter Parish and the Diocese of Greensburg, Pennsylvania, and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor(s) named above on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following:

1. To include such photographs on the Diocese of Greensburg website and on print material
2. To use my name, or the name of the minor(s) on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless Mount Saint Peter and the Diocese of Greensburg and its legal representatives, licensees, successors and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

I hereby certify that I am the parent [and/or guardian] of _____, a minor/minors under the age of eighteen years, and hereby consent on behalf of said minor(s) to the use of any of the photographs taken of said minor(s) pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.

Parent/Guardian Signature _____ Date _____