

SJV: the place to BElieve BE loving BE a witness

2017-2018 YOUTH GROUP
High School 9th-12th grade
Sundays 5:00-6:45pm
(or)
Middle School 6-8th grade
Mondays 7:00-8:30pm

Join our fun active group games, music, challenges, gospel sharing and more!
 LEARN ABOUT YOUR FAITH AND HAVE A GREAT TIME DOING IT!

Family Name: _____ home phone: _____

Mom: _____ Catholic? _____ Dad: _____ Catholic? _____

Address: _____ City: _____ Zip: _____

Parent e-mail address: _____ Mom cell phone _____ Dad cell phone _____

Provider of cell phone service for family _____ Weekly Text Blast Mom: Y or N Weekly Text Blast Dad: Y or N

By providing this email address I give the Youth Minister permission to email my child: _____

By providing the below information I give the Youth Minister permission to text blast my child with information regarding church and youth group events.

YOUTH CELL PHONE: _____ For weekly text blast

Youth's first name (Include last name if different)	DOB	SCHOOL	GRADE	Baptism Y/N	Eucharist Y/N	Reconciliation Y/N	Confirmation Y/N	ADULT† -shirt size	ALLERGY/ SPECIAL NEEDS
1.									
2.									
3.									

A fee of \$75.00 per child is requested to help fund the program. \$150.00 for 3 or more children. Scholarships are available please talk with the Youth Minister if you are in need of financial assistance.

See our website, sjvkirkland.org, click **Ministries** then click **Youth Group**, for the year's schedule.

Office use only:
 Check # _____
 Amount: _____
 Date Received: _____

Parent/Guardian Consent Form and Liability Waiver:

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend (Organization) , its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the organization, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature_____ Date_____

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____

Photograph and Video Consent:

From time to time, pictures and video may be taken of youth ministry/parish/school events and gatherings. We would like to able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and the parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the organization or webmaster, and they will promptly be removed.

I, the parent/guardian of these youth _____ (name) authorize and give full consent, without limitation or reservation, to Saint John Mary Vianney Catholic Church Youth Group (organization) to publish any photograph or video in which the above named student appears while participating in any program associated with Saint John Mary Vianney Catholic Church Youth Group (organization). There will be no compensation for use of any photograph or video at the time of publication or in the future.

Student Signature: Date: _____

Parent/Guardian Signature: Date: _____