

ASCENSION & SACRED HEART PARISHES 2021-22 YOUTH MINISTRY REGISTRATION FORM

PLEASE PRINT LEGIBLY

YOUTH NAME		GRADE
YOUTH NAME		GRADE
YOUTH NAME		GRADE
YOUTH NAME		GRADE
ADDRESS		CITY
ZIP CODE	HOME PHONE	CELL PHONE
REGISTERED PARISH <input type="checkbox"/> SACRED HEART <input type="checkbox"/> ASCENSION		SCHOOL ATTENDING
EMAIL ADDRESS		

If you would like your child to participate in any in person, virtual, or on or off campus Youth Ministry events during the 2021-21 school year, please complete and sign the following statement of consent and release of liability. 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).

I hereby consent to participation by my child/children _____ in the Ascension and Sacred Heart Parishes Youth Ministry 2021-22 school year. I understand that events will take place in person, some on campus, while others will take place away from the church grounds or virtual if necessary and that my child and/or children will be under the supervision of the Pastoral Associate of Faith Formation and Evangelization and guidance of adult volunteer chaperones with all diocesan and state required 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 are Ascension and Sacred Heart Parishes, the Diocese of Greensburg, the Pastoral Associate, clergy, deacons, 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 Ascension and Sacred Heart, the Diocese of Greensburg, the Pastoral Associate, clergy, deacons, or any of the adult chaperones from such claims for any such injuries.

I also hereby grant permission for my child(ren) to be photographed for use on all parish communication tools. **YES** **NO**

Parent Signature (REQUIRED)

Date

▶ **PLEASE SEE BACK SIDE TO COMPLETE MEDICAL & EMERGENCY INFORMATION**

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Medical Information is required by the Diocese of Greensburg for any youth participating in off campus events. The following medical information listed below will be used and kept on file by the Pastoral Associate of Faith Formation and Evangelization from September 25, 2021 to July 1, 2022, in the event your child/children participates with the ministry in an off-campus event, or emergency medical attention is necessary on or off campus.

Parent Name _____ Cell Phone _____

Youth Name (s)

Primary Care Physician _____ Phone _____

Primary Insurance

Identification # _____ Group/Policy # _____

Allergies (Food and Environmental)

Special Concerns

I hereby give permission for my child or children to be treated in case of an emergency:

Parent Signature _____ Date _____

EMERGENCY CONTACT (IF PARENTS CANNOT BE REACHED)

Name _____ Relationship to Child/Children _____

Phone _____