

SAINT ANDREW YOUTH MINISTRY REGISTRATION

2017-2018 SCHOOL YEAR, GRADES 6-12

Complete this form and return it to the Church Office. Please print legibly.

Father's Full Name: _____

Mother's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Father's Phone: _____ Mother's Phone: _____

Father's Email: _____

Mother's Email: _____

Student's Name: _____ Gender: _____

Student's Phone: _____

Student's Email: _____

Birthday: _____ Grade: _____ School: _____

Medical Insurance Carrier: _____

Medical Insurance Policy Number: _____

****Please provide a copy of your medical insurance card. ****

Food Allergies: _____

Allergies to any Medications: _____

Other: _____

Fees For 2017-2018 year:

Youth Ministry Registration this year is \$10 per student, which includes the cost of registering with the Diocese, and obtaining Diocesan accident insurance. Please note that we do not want money, or lack of money to keep kids from knowing Jesus. **No child is denied access to sacrament preparation or religious instruction for financial reasons.** For financial assistance, contact the Youth Minister or the pastor at 864-654-1757.

Please complete and return this form with the accompanying releases and applicable fee to the Office of Youth Ministry. **Make your check payable to Saint Andrew Catholic Church, with Youth Ministry in the memo line.** You may either deliver your forms and check to the church office, or mail it to:

Saint Andrew Catholic Church
Office of Youth Ministry
P.O. Box 112
Clemson, SC 29633

OVER

SAINT ANDREW YOUTH MINISTRY REGISTRATION

2017-2018 SCHOOL YEAR, GRADES 6-12

PERMISSION TO PARTICIPATE:

I agree to share my information with the office of Youth Ministry. I additionally grant permission for my son/daughter to participate in this parish Youth Ministry Program. All Youth Ministry activities will take place under the guidance and direction of Parish employees and/or volunteers from Saint Andrew Catholic Church who have undergone VIRTUS training, and have been screened by the Diocese of Charleston's office of Safe Environment.

Sign: _____ Date: _____

HOLD HARMLESS AGREEMENT:

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above. I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend Saint Andrew Catholic Church, its officers, directors, agents, and the Diocese of Charleston from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending Youth Ministry events, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Charleston, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Sign: _____ Date: _____

PERMISSION TO BE PHOTOGRAPHED

As parent/legal guardian, I additionally agree to allow my child to be photographed at Youth Ministry Events, and understand that photographs may be used for church publicity, etc.

Sign: _____ Date: _____

RELEASE OF INFORMATION

To the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to Saint Andrew Catholic Church to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

I hereby grant medical personnel permission to release medical information to the Diocesan Director and/or my parish Youth Minister, in the event that my child becomes ill or injured.

Sign: _____ Date: _____