

For Office Use Only	
Cash Amount	Date Received
Check Amount	Check #
Remaining Balance	

_____ Last Name First Name

St. Joseph Parish – Fremont, Ca Lifeteen Youth Group

September 2010 – May 2011

Teen's Name: _____ **Gender: M / F**
(First) (Last) (Preferred)

Street Name: _____

City: _____ **Zip:** _____

Home Phone: (____) _____ **Mobile:** (____) _____

School: _____ **Grade:** _____ **Graduation Year:** _____

Birthday: ____--____--____ **T-shirt Size:** (circle one) **XS S M L XL XXL**

Does teen attend Catholic School? Yes / No # of years? _____

Did teen attend youth group last year? Yes / No # of years? _____

Please check which Sacraments teen has received?
 Baptism
 Reconciliation
 Communion

PARENT INFORMATION

MOTHER: _____ **FATHER:** _____

MOBILE: _____ **MOBILE:** _____

WORK PHONE: _____ **WORK PHONE:** _____

OCCUPATION: _____ **OCCUPATION:** _____

EMAIL: _____ **EMAIL:** _____

Teen lives with:
 Mother and Father
 Mother Only
 Father Only
 Other (Please note relationship to teen): _____

PAYMENT INFO

Please submit this payment in full with the registration form. Parents who have more than two children enrolled in **Youth ministry (Edge. LifeTeen, Confirmation)** can receive a discounted price as indicated below.

First Child: \$100, Each additional child: \$75

If the payment creates a financial hardship for the family, please do not hesitate to contact Jon Manongdo.

If more than one child in Youth Ministry, please list name(s): _____

Lifeteen

Diocese of Oakland
Office of Youth and Young Adult Ministry
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM
THERE MUST BE COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Child's Name _____ Parish _____
Address _____ Home Phone _____
(street, city, zip)
School _____ Grade _____ Birth date _____
Parent/Guardian's Name _____ Home Phone _____
Address (if different from above) _____ Work Phone _____
(street, city, zip)
Mobile Phone or Pager _____ Email _____

IN CASE OF EMERGENCY, NOTIFY PERSON *OTHER THAN PARENT/GUARDIAN*:

Name _____ Phone _____ Mobile _____
Relation _____

Name _____ Phone _____ Mobile _____
Relation _____

HEALTH AND MEDICAL INFORMATION

Family Physician _____ Address _____
Phone _____
Medical Plan _____ Plan Number _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes No

State any reasons why you do not want medical care given to your child in an emergency:

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given:

Has your child had difficulty with following (circle all that apply):

Asthma	Fainting Spells	Convulsions	Diabetes	Heart	Eyes
Ears	Nose	Throat	Lungs	Digestion	
Menstrual Problems		Other	_____		

List any physical restrictions for any activity on the basis of medical condition

Allergy or reaction to any medication or food Yes No List: _____

State the date of your child's last physical examination: _____

Parental Permission and Acknowledgement of Conditions for Participation in Program

1. I/We, parent(s) or authorized guardian(s) on the child named above give permission for his/her participation in the following youth ministry programs (list):

Lifeteen Youth Ministry Program, Youth mass/Unity Days

2. I/We agree to direct my/our child to cooperate and comply with reasonable directions and instruction from Youth Ministry staff or adult volunteer leaders.
3. I/We agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any youth ministry activity, whether or not caused by the negligence of the parish, youth ministry programs employees, agents or volunteers or other participants.
4. I/We understand that children participating in youth ministry activities risk injury to the body, psyche or property damage to themselves and others. Such injuries can be cause by other persons or accidentally or intentionally self inflicted, faulty equipment of facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the activities of the youth ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating the youth ministry activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.
3. The parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date