

St. Maria Goretti Youth Ministry

Membership registration form

_____The Flock (1st-5th) _____The Upper Room(6th-8th) _____Imago Dei (9th – 12th)

Youth Full Name: _____ Date: _____

Date of Birth: _____ Sex (please check one): Male _____ Female _____ Grade: _____

T-shirt size _____

Address: _____

Siblings (names and ages): _____

School: _____

I give permission for my student to be reminded of upcoming events via email (please check one):

YES _____ NO _____ email _____ or

Parent email _____

I give permission for my student to be reminded of events via:

Student Cell phone: YES _____ Phone # _____

NO _____ Parent Cell: YES _____ Phone# _____

We are registered parishioners in Saint Maria Goretti Parish YES _____ Other _____

Father's / Guardian's full name: _____

Work phone: _____ Cell phone: _____ Email: _____

Mother's / Guardian's full name: _____

Work phone: _____ Cell phone: _____

Email: _____

o Marital Status (please check one): Married ___ Single ___ Separated ___ Divorced ___ Remarried ___ Widowed ___

o child lives with (please check one): Parents ___ Father ___ Mother ___ Guardian ___ Other _____

o child has received the sacraments of (please check ALL that apply):

Baptism ___ Holy Eucharist ___ Confirmation ___

o I would like to minister as an Adult Volunteer (please check one). YES _____ NO _____

I give my permission for my child picture to be taken as a part of youth ministry activities and to be used in any promotion activities including the website (please check one): YES _____ NO _____

Please return completed membership forms to:	Sara Ertel Director of Youth & Young Adult Ministry youth.youngadult@stmariagoretti.net 215.721.0199 ext. 209
--	---

Youth Name _____

EMERGENCY MEDICAL INFORMATION

Youth Full Name _____

o Emergency contact name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

o Please indicate any specific medical conditions, allergies, or dietary restrictions that we should be aware of:

o Please indicate any specific academic or behavioral concerns that we should be aware of:

o Please indicate any specific medications that your child requires:

Dosage: _____ Frequency: _____

o My high child has permission to be given Ibuprofen or Tylenol if they request it.

Please check one: YES _____ NO _____

Approval for student to be transported via car to previously scheduled events by St. Maria Goretti parish staff and approved volunteers: YES _____ NO _____

In case of an unforeseen medical emergency, I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give consent to the Saint Maria Goretti Parish Staff and Volunteers to secure the services of a licensed physician to administer emergency medical treatment. I hereby agree to indemnify and hold harmless Saint Maria Goretti Parish Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any and all liabilities, injuries, expenses and claims arising out of any connection with or participation in such activities. I confirm that I and my son/daughter are covered by medical insurance, the provision of which is a requirement for participation in all Youth Ministry programs and activities. I have carefully read and fully understand the medical information and release of liability stated herein and subject to all of the above, I agree to my own and my son's/daughter's participation in Youth Ministry programs and activities, and accept the terms and conditions as stated.

Signature of Parent/Legal Guardian

Date

Youth Participant

Please return completed membership forms to:

Sara Ertel, Director of Youth & Young Adult Ministry
Youth.youngadult@stmariagoretti.net
St. Maria Goretti Parish
1601 Derstine Rd., Hatfield, PA 19440