

REGISTRATION FOR 2018-2019

Teen 1

Name: _____

Gender: Male or Female Date of Birth: _____

Grade: Freshman Sophomore Junior Senior School: _____

Cell Phone: _____ Email: _____

Sports/Clubs/Extracurricular Activities:

Medical Note:

Teen 2

Name: _____

Gender: Male or Female Date of Birth: _____

Grade: Freshman Sophomore Junior Senior School: _____

Cell Phone: _____ Email: _____

Sports/Clubs/Extracurricular Activities:

Medical Note:

Teen 3

Name: _____

Gender: Male or Female Date of Birth: _____

Grade: Freshman Sophomore Junior Senior School: _____

Cell Phone: _____ Email: _____

Sports/Clubs/Extracurricular Activities:

Medical Note:

MEDICAL PERMISSION FORM (one per student)

I hereby request that my son/daughter be allowed to participate in the St. Raphael the Archangel Catholic Church Youth Group events held both on parish premises and beyond. I understand that this medical authorization will be used for all St. Raphael Youth Group event during the current/upcoming school year. I further understand that parent permission forms will be distributed for my son/daughter's participation in major events (Light the Night, service project events, etc.)

I hereby release and indemnify The Catholic Bishop of Chicago, a corporation sole, and St. Raphael the Archangel Catholic Church, its staff and its volunteers from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

AUTHORIZATION FOR MEDICAL TREATMENT

In the event that I, the undersigned, or my authorized physician, cannot be reached, and in the judgment St. Raphael the Archangel Catholic Church staff/volunteers, there is necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

Our physician is: _____ Phone: _____

In case of emergency, I can be reached at: _____

I grant permission for the adult chaperones at youth events to administer non-prescription drugs as needed for my teen (i.e. aspirin, ibuprofen, antacids, etc.).

- YES
- NO

Please list any allergies, medications, medical problems or physical limitations of your teen:

Name of Son/Daughter: _____

Medical Insurance Company: _____

Policy/ID Number: _____

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

PERMISSION AND AUTHORIZATION FORM (one per student)

I hereby give permission for my son/daughter _____ to participate in events sponsored by St. Raphael Youth Group during the 2018-2019 school year and summer.

I hereby release and indemnify The Catholic Bishop of Chicago, a corporation sole, and St. Raphael the Archangel Catholic Church, its staff and volunteers from any and all liability arising from the claims of any kind or nature whatsoever from my teen's participation in these events.

I understand that if my son/daughter violates any laws regarding alcohol or drugs, or rules governing the events, arrangements will be made to immediately send my teen home at the cost of the parent(s)/guardian.

I authorize St. Raphael the Archangel Catholic Church to use photographs/videos of my teen for bulletins, productions, publications, website, etc.

I authorize the youth ministry coordinators of St. Raphael the Archangel Catholic Church to contact my teen via email, cell phone, or Instagram.

Email: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No	Instagram: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Telephone (Home) _____ (Cell) _____

FAMILY INFORMATION

Mother / Guardian: _____ Home Phone: _____

Email: _____ Cell Phone: _____

I would be interested in being a parent volunteer for St. Raphael Youth Group events.

Father / Guardian: _____ Home Phone: _____

Email: _____ Cell Phone: _____

I would be interested in being a parent volunteer for St. Raphael Youth Group events.

Teen Address:

Street City Zip

Emergency Contact: *Other than parents & guardians

Name Phone Number Relation