

LAST NAME: _____

YOUTH GROUP REGISTRATION 2018-2019

Please fill out all pages to the best of your knowledge. If you have questions please contact the Director of Youth Ministry, Aaron Myler at AaronMyler@ollmlb.org

YOUTH GROUP INFORMATION

High School Youth Group - Lifeteen

Grades: 9th-12th

When: Sundays 7p-9p

Middle School Youth Group - Edge

Grades: 6th-8th

When: Wednesdays 6p-8p

STUDENT INFORMATION:

Check One: High School___ Middle School___

Student's Full Name _____ DOB: ___/___/___

Address: _____ City: _____ Zip: _____

School: _____ Grade _____

Stu. Phone: (____)____-____ Stu. Email: _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Religion: _____

Phone: (____)____-____ Email: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Religion: _____

Phone: (____)____-____ Email: _____

Address: _____ City: _____ Zip: _____

Guardian's Name: _____ Religion: _____

Phone: (____)____-____ Email: _____

Address: _____ City: _____ Zip: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

(____)____-____ Email: _____

Address: _____ City: _____ Zip: _____

Does your child take medication or need any special assistance? If yes, please explain:

Person(s) authorized to pick-up your child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

LAST NAME: _____

PARENT/GUARDIAN AGREEMENT

I/We Parent(s)/Guardian(s) of Registering Student do hereby give my/our permission and approval for my/our son/daughter guardianship to participate in all on-campus activities with the youth group.

I/We do hereby, for, myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, *Our Lady of Lourdes*, the Catholic Diocese of Orlando, and any of the above named parties' representatives, successor, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing/event(s) named above, provided that said injuries are not the result of gross, willful negligence.

I/We/ likewise release from liability any person(s), airline, bus company, or other transportation service, transporting my child, in a privately owned and/or leased vehicle, to and from any activities connected with the above named event(s), with the exception of gross negligence due either fully, or in part, to mechanical failure and/or operator error.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above.

I/We _____ understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child as deemed medically necessary. Unless otherwise instructed, it is permissible that my/our son/daughter/guardianship be given aspirin/pain medication/cold medication by either medically personnel or any other adults responsible during this event.

I/we also agree that I/we am legally responsible for all/any damages, legal fees, and other costs incurred as a results of the actions/behavior of my child/guardianship.

Furthermore I/we agree that if the above named student's behavior is inappropriate, unsafe, and/or detrimental to the group, I/we be contacted immediately to secure means of removing my/our child/guardianship from the event premises. I/we understand that any financial cost incurred as a result of my/our child/guardianship being sent home are my/our responsibility.

Additionally, I/we give permission for my/our son/daughter/guardianship to be photographed during activities associated with the above-mentioned event. I/we understand that said photos/videos may be used for future publicity within the parish, Diocese, and or Catholic Church.

Parent Printed Name

Parent Signature: Date:

Date:

___/___/___

LAST NAME: _____

STUDENT AGREEMENT AND PARTICIPATION

I (Student), _____, agree to abide by any/all policies and rules established for this event(s)/activity(ies). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parents expense.

Basic rules/expectations include, but aren't limited to, the following: Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; no inappropriate physical/sexual activity; appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).

Student Printed Name

Student Signature: Date:

Date:
____/____/____



**QUESTIONS? Contact the Director of Youth Ministry, Aaron Myer
AaronMyler@ollmlb.org or 321-723-3636 ext.18**