

# Holy Family Youth Ministry Confirmation 2016 - 2017 Registration

Grade \_\_\_\_\_

Parish ID # \_\_\_\_\_

Please read entire form, including the back and sign before returning. Use a separate form for each student. More forms are available in the Youth Ministry, Religious Education and Parish Offices, foyer and website.

(Student Info)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ ( ) M ( ) F

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell # \_\_\_\_\_ School \_\_\_\_\_

Student's email address \_\_\_\_\_

Sacraments Previously Received: Baptism Reconciliation Eucharist

(Please circle all that apply)

(Parent/Guardian Info)

Mother's Name \_\_\_\_\_ Home Phone (if different) \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone (if different) \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Primary language spoken in home \_\_\_\_\_

Emergency Contact other than Parents:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Any Medical, physical or emotional conditions we should be aware of? Please include allergies.

\_\_\_\_\_  
\_\_\_\_\_

Preferences:

Friends in the same group (1) \_\_\_\_\_ (2) \_\_\_\_\_

**We will do our best to place you in a group with the people of your choosing. Please understand if you don't get into a group with a particular person you requested. One of the goals of our program is to introduce you to new friends.**

Permission to use photos of your child in Youth Group activities for the parish web pages or functions, IE: Gala, Picnic, Camps etc. (circle choice): **Yes** **No**

# 2016 - 2017 Tuition

## Parish Members

\$25 per student with volunteer service to Youth Ministry events

\$40 per student without volunteer service

\$50 per family with volunteer service to Youth Ministry events

\$65 per family with no volunteer service

\$35 per student for non-Holy Family members with volunteer service to Youth Ministry events

\$50 per student for non Holy Family members

Scholarships available. We need a scholarship and we can afford to pay \$\_\_\_\_\_

\*\*\*\*\*Please make payment prior to start of class or by arrangements\*\*\*\*\*

**Please make checks payable to Holy Family Youth Ministry**

### Possible Parent Volunteer Opportunities

**Please check area(s) of interest**

\_\_\_\_\_ Bazaar Set-Up      \_\_\_\_\_ Bazaar Clean Up      \_\_\_\_\_ Gala  
                         \_\_\_\_\_ Crab Feed      Retreat Chaperone \_\_\_\_\_  
\_\_\_\_\_ Driving to/from Events (corn maze, retreats, etc.)      \_\_\_\_\_ Event Baking      \_\_\_\_\_ Small  
                         Group Ministry      \_\_\_\_\_ Fundraising  
\_\_\_\_\_ Special Event Coordinating Team      Other Suggestions \_\_\_\_\_

Please return this and form and following forms at time of registration:

- Parent/Legal Guardian Permission Form and Release of All Claims
- Authorization for Emergency Medical Treatment for Minor
- Volunteer Driver Information
- **A a copy of the students Baptism Certificate is required BEFORE the Sacrament of Confirmation can be received.**

**Registration for ALL grades (Pre-school through high school)  
Wed. September 21<sup>st</sup> at 6pm in the Activity Room #10  
We request all students be accompanied by a parent or guardian.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

DIOCESE OF YAKIMA  
ADULT LIABILITY WAIVER

Each adult participant, including group leaders and chaperons, must sign this form.

RELEASE OF LIABILITY
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I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executors, and  
Full Name  
personal representatives, to hold harmless and defend, Holy Family Parish/School/Youth Group its officers, directors, agents, employees, or (Arch) Diocese of Yakima representatives from any and all liability for illness, injury or death arising from or in connection with my participation in the trip.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give my permission for the necessary emergency treatment to be administered.

Please advise the doctors that I have the following allergies:

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In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: \_\_\_\_\_ Relationship to me \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Night time Phone \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Insurance ID Number \_\_\_\_\_ Insurance Policy Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

DIOCESE OF YAKIMA  
FIELD TRIP

PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER
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Participant's name \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_  
Parent/Guardian name Child's name

to participate in this parish/school/youth ministry event that requires transportation to a location away from the parish/school/youth ministry site. This activity will take place under the guidance and direction of employees and/or volunteers from Holy Family Parish Youth Ministry

A brief description of the activity follows:

Type of event Field Trips during the Year 6/1/2016 – 8/31/2017

Date of event Field Trips during the Year 6/1/2016 – 8/31/2017

Destination of event Varies

Individual in charge Pastoral Assistant to Youth Ministry

Estimated time of departure and return Varies

Mode of transportation to and from event Private Vehicles

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold Holy Family Church harmless and defend, its officers, directors, employees & agents, and the (Arch)Diocese of Yakima, its employees, and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school/youth group, its officers, directors and agents, and the (Arch)Diocese of Yakima its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claims arises from the negligence of the parish/school/youth group or the (Arch)Diocese of Yakima.

Signature \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL INFORMATION

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.) I understand that my medical insurance is always primary.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Please be aware that your medical insurance is always primary. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Medical Treatment: In the event it comes to the attention of the parish/school/youth group, its officers, directors, and agents, and the, (Arch) Diocese of Yakima chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as a headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Specific Medical Information: The parish/school/youth group will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?  
\_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition:  
\_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

DIOCESE OF YAKIMA  
FIELD TRIP  
VOLUNTEER DRIVER INFORMATION FORM

Name of Driver \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Driver's License # \_\_\_\_\_

Date of Expiration \_\_\_\_\_ State Issued \_\_\_\_\_

Vehicle That Will Be Used:

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_

Year, Make & Model of Vehicle \_\_\_\_\_ Phone \_\_\_\_\_

License Plate Number of Vehicle Used \_\_\_\_\_ Date of Expiration \_\_\_\_\_

If more than one vehicle is used, the aforementioned information must be provided for each vehicle.

Insurance Information

Insurance Company's Name \_\_\_\_\_ Policy# \_\_\_\_\_

Liability Limits of Policy\* \_\_\_\_\_ Date of Policy Expiration \_\_\_\_\_

(\*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)

Agent's Name \_\_\_\_\_ Agent's Phone# \_\_\_\_\_

In order to provide for the safety of our students or other members of the parish/school/ youth group and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last three years:

1. I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years. TRUE FALSE

2. I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years. TRUE FALSE

3. I have had no more than three moving violations or accidents in the last three years. TRUE FALSE

**Please be aware that as a volunteer driver, your insurance is primary.** I certify that the information given on this form is true and correct to the best of my knowledge. I understand that driving for Church/School/Youth Ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students/participants. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Church/School/Institute Representative signature \_\_\_\_\_