



2017-2018

MIDDLE SCHOOL YOUTH GROUP REGISTRATION FORM

FOR 6TH, 7TH & 8TH GRADE STUDENTS

NOT FOR SACRAMENT STUDENTS!

1st Session: Wednesday, October 4th, 2017

IMPORTANT: If your child needs preparation for First Communion you must use yellow registration form; they are welcome to also participate in Middle School Youth Group, in which case, please use *both forms*. Please return this form one week prior to the start of group sessions. Once registered and paid, simply come to Room 7 at the Christ the Teacher campus at the time and date mentioned below; please note on your calendar.

CLASS TIME: 6:30-7:00 PM SOCIAL TIME IN ROOM 7; 7:00-8:30 PM GROUP SESSION (ENDS IN GYM)

STUDENT GRADE

6th Grade Girls 7th Grade Girls 8th Grade Girls 6th Grade Boys 7th Grade Boys 8th Grade Boys

STUDENT INFORMATION

Name: _____ Male / Female
First Middle Last

Name student is usually called _____ Age _____ Birthdate _____ **LIVES WITH**
 Both Parents Mom Dad Other

Address _____ City _____ State _____ Zip Code _____
Medical or emotional info we should know: _____

HAS YOUR CHILD RECEIVED?

Baptism (if not, learn how call 966-5344) Reconciliation (Confession) First Communion

IF YOUR CHILD NEEDS SACRAMENTS OF RECONCILIATION AND FIRST COMMUNION, YOU MUST USE THE YELLOW FORM TO REGISTER YOUR CHILD, NOT THIS ONE

PARENT INFORMATION

Mother: _____ **SACRAMENTS MOTHER HAS RECEIVED?**
First Middle Last Baptism 1st Communion Confirmation

Address (If different from student's) _____ City _____ State _____ Zip Code _____ Cell Phone Number _____

Work Phone _____ Home Phone _____

Email Address _____ **LANGUAGES SPOKEN**
 English Spanish Other

Father: _____ **SACRAMENTS FATHER HAS RECEIVED?**
First Middle Last Baptism 1st Communion Confirmation

Address (If different from student's) _____ City _____ State _____ Zip Code _____ Cell Phone Number _____

Work Phone _____ Home Phone _____

Email Address _____ **LANGUAGES SPOKEN**
 English Spanish Other

1 Student

TUITION

2 or more Student's

\$25 w/Volunteer Hours* \$40 w/o Volunteer Hours \$50 for Family w/Volunteer Hours* \$65 for family w/o Volunteer Hours
 Scholarship is needed (please also check box for volunteer hours below)

*CHOICES FOR VOLUNTEER HOURS

Bazaar Yard Sale Baking Crab Feed Picnic VBS/BEARS Music Driver
 Event Set-up Event Clean-up Fund raisers Children's Liturgy Other _____

Mail to address below -or- Drop off at Parish Office (west of church) or Religious Ed. office (Rm. 4 of Christ the Teacher Campus)

Check box if you DO NOT give permission to use pictures or videos of your child on our Holy Family website or in church related presentations.

Office Use Only
Posted Amt. _____
 Cash Check # _____

In case of inclement weather, use your own judgment and stay home if it is not safe.

YELLOW FORM = SACRAMENTS

BLUE FORM = PRESCHOOL—5TH

SALMON FORM = MIDDLE SCHOOL

5315 Tieton Drive, Yakima, WA 98908 | Rel. ED 509-966-0788 Fax 509-965-0288 | Parish Office 509-966-0830 Fax: 509-965-1742

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DIOCESE OF YAKIMA FIELD TRIP

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name _____

Birth date _____ Gender _____

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
Name of parish/school youth group

A brief description of the activity follows:

Type of event All Field Trips during the year 6/1/2017 through 5/31/2018

Date of event October 2017, December 2017 TBA and March or April 2018 TBA

Destination of event Schell's Corn Maze, Nursing Home and others TBA

Individual in charge Rose Meyer, Director of Religious Education

Estimated time of departure and return Varies - generally between 6:30 & 8:30 p.m.

Mode of transportation to and from event Private vehicle or walking for caroling

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 harmless and defend _____, its officers, directors, employees & agents,
Holy Family Parish/school/youth group

And the of _____, its employees, and agents, chaperons, or
Yakima (Arch)Diocese

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 _____,
Yakima (Arch)Diocese

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 _____
Yakima

(Arch)Diocese

Signature _____ Date _____

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, _____ chaperons, 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: _____

DIOCESE OF YAKIMA

FIELD TRIP (FILL OUT ONLY IF SERVING AS FIELD TRIP DRIVER)

VOLUNTEER DRIVER INFORMATION FORM

Driver:

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.

Volunteer Driver Signature

Date

Thank you for helping us with our transportation needs.

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ADULT LIABILITY WAIVER

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

RELEASE OF LIABILITY

I, _____, agree on behalf of myself, my heirs, assigns, executors,
Full Name

and personal representatives, to hold harmless and defend _____,
Holy Family
Parish/School/Youth Group

_____ its officers, directors, agents, employees, or
Yakima
(Arch) Diocese

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: _____

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

Name: _____ Relationship to me: _____

Daytime Phone: _____ Nighttime Phone: _____

Health Insurance Carrier _____

Insurance ID Number _____ Insurance Policy Number _____

Signature

Date

Print Name