

Youth Ministry Contact Sheet

(One Per Child/ Uno por niño o niña)

**Mary Lindsey Edwards-Youth Minister/email:
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Child's Name/El nombre del niño: _____ Child's Gender/Sexo del niño: _____

Child's Age/Edad del niño: _____ Date of Birth/Edad del niño: _____ Grade/grado: 9 10 11 12

Baptism: Y/N First Eucharist: Y/N Confirmation: Y/N

Child's Email/correo electrónico del niño: _____

Child's Cell Phone/Teléfono móvil: _____ Permission to/ Permiso para Text ____ Call ____

Parent(s)/Guardian(s)/Padres/Guardianes: _____

Street Address/Dirección: _____

City/Dirección: _____ State/Estado: _____ Zip/Código postal: _____

Home Phone/Teléfono de casa: (_____) _____ Cell Phone/Teléfono móvil: (_____) _____

Email/Correo electrónico: _____

Home Church/Iglesia donde asise: _____



Allergies, medical conditions or special needs/Alergias, Condiciones Médicas o Necesidades: Especiales

In case of emergency, contact/en caso de emergencia: _____

Phone/Teléfono: _____ Relationship to Child/Relación con el niño o niña: _____

I. MEDICAL CONTACT INFORMATION AND TREATMENT

A. EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Home/Cell Phone (____) _____
Medical Insurance carrier: _____ Policy number _____
Address: _____ Phone () _____
Member's Name _____ Phone (____) _____
Family Doctor: _____ Phone (____) _____

B. EMERGENCY MEDICAL TREATMENT: In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant(s) to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: _____ Phone (____) _____

II. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

The undersigned hereby consent to the release of photographs and names of the Participant(s) to be used by the Diocese of Raleigh and St. Paul Parish for future promotional programs of the Diocese and parish. If you have any questions or concerns, please contact LisaAnn Ludwig at 614-581-3547.

_____ Please **initial** here if you **DO** consent to the release of personally identifiable information.

_____ Please **initial** here if you **DO NOT** consent to the release of personally identifiable information.

III. CODE OF BEHAVIOR

1. The Participant(s) must stay and participate in the entire event. The Participant(s) may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. The Participant(s) must comply with any and all directions of Faith Formation staff.
5. The Participant(s) must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the Participant(s) involved and the undersigned.
6. Failure to abide by this Code of Behavior may result in a request to the undersigned to transport offending Participant(s) from the premises, and the undersigned shall immediately comply with the request.

IV. PHOTO/VIDEO RELEASE

I consent to the use by St. Paul ("the parish") and The Diocese of Raleigh ("the diocese") of any videotapes, photographs, slides, audiotapes, or any other video or audio reproduction in which I or my child(ren) may appear. I understand that these materials are being used for promotion of youth ministry in the parish and/or the Diocese. Such promotional activities extend to recruitment, advocacy,

fund raising, etc. Pictures may appear on the parish or diocesan website. I release the staff and volunteers of the parish and the diocese from any liability connected with the use of my/child(ren) picture or voice recording as part of any of the above or similar activities and further, that such use shall be without payment of fees, royalties, special credit, or other compensation.

V. PERMISSION

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above named Participant(s) and have full legal responsibility for the Participant(s). The undersigned hereby grant(s) permission for the Participant(s) to participate in the Faith Formation Program.

VI. PERMISSION TO EMAIL, TEXT or CALL (Please check all that apply)

I/We give Saint Paul Catholic Church and its programs permission to contact me/us in the following manner: Email Text Message Phone

VII. SIGNATURES

THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT

Parent/Guardian:

Signature _____ Date _____

*******OFFICE use only*******

Parishioner: Y/N Payment Received: Cash/Check # _____ Certificates Received