St. Mary's Parish, Our Lady of Perpetual Help, Albany, OR

HIGH SCHOOL YOUTH MINISTRY REGISTRATION 2017-2018

<u>HS Youth Group:</u> 9-12th grades <u>First Eucharist Prep:</u> 9-12th grades

FOR OFFICE USE ONLY Youth Group (YG): \$45 PER YOUTH YG & First Eucharist: \$60 PER YOUTH DATE PAID_____ AMOUNT \$____ Cash____ or Check #____ (Checks payable to St. Mary's)

YOUTH INFORMATION							
Youth Last Name:							
Youth First Name:			Middle Name:				
Gender □ Male □ Female Date of Birth:			Home Phone:				
Address:			Youth Cell Phone:				
City:	State:		Zip Code:				
Grade (September 2017): ☐ 9 ☐ 10 ☐	ember 2017): 🗆 9 🗆 10 🗆 11 🗆 12 Hig		School Youth Attends:				
T-Shirt Size (adult sizes): ☐ Sm ☐ Med ☐ Lg ☐ XL ☐ XXL							
Youth Email Address:							
Is youth's family registered in the Parish? ☐ Yes ☐ No ☐ Unknown							
Youth lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Other:							
BAPTISM INFORMATION							
Date of Baptism:	te of Baptism: Church of Baptism:						
Church Address:							
City:	State:		Zip Code:				
<i>Check all that apply:</i> ☐ My youth has <i>not</i> been baptized. ☐ My youth has <i>not</i> received First Eucharist.							
☐ My youth will attend High School Youth Group AND First Eucharist Preparation.							
For First Eucharist Prep, a copy of your youth's Baptism Certificate is required.							
PARENT/LEGAL GUARDIAN INFORMATION							
Family's Last Name (if different from your child's):							
Home Address:							
City:	State:		Zip Code:				
Father's Name:			Father's cell phone:				
Father's Email Address:			Best time to reach you:				
Mother's Name: Maiden name:							
Mother's Email Address:			Mother's cell phone:				
			Best time to reach you:				

REGISTRATION FEES (payable to St. Mary's)

- **→ High School Youth Group Registration: \$45.00**
 - B. Concer Touth Coup Registration 4 15.00

➤ High School Youth Group and First Eucharist Preparation: \$60.00

These fees cover registration, resources, supplies, youth group, youth activities and sacramental prep. It does not cover retreat fees and some special event fees (Rise-up Rally, etc.).

<u>Please note:</u> No youth will ever be turned away for lack of funds. Please contact Cherrie Barnes, Coordinator of Youth Ministry, for scholarship information or to make payment arrangements (phone: 541-905-3491 or email: stmarysyouth@comcast.net). *All inquiries are strictly confidential*.

Due by: Sept. 17, 2017

PERSONS AUTHORIZED TO PICK UP YOUR YOUTH ARE:						
Name: Phone:						
Name: Phone:						
Name: Phone:						
PERSONS <u>NOT</u> ALLOWED TO PICK UP YOUR YOUTH ARE:						
Name: Phone:						
Name: Phone:						
COMMUNICATION We will communicate with your youth (and you) by email and text whenever possible to save on postage.						
· · · · · · · · · · · · · · · · · · ·						
Do we have permission to TEXT your teen? ☐ YES ☐ NO Do we have permission to EMAIL your teen? ☐ YES ☐ NO						
,						
Do we have permission to FACEBOOK your youth? ☐ YES ☐ NO						
PHOTO AND VIDEO RELEASE Permission to publish photos and/or video of your youth for the purposes stated below						
Please INITIAL next to "YES" or "NO" for each of the statements below.						
YES, I authorize the use of photographs and/or videos of my child to be used for church publications, bulletin boards, retreat/event souvenir photo CDs and other church activities. NO, photographs and/or videos of my child may not be used for the above stated purposes.						
YES, I authorize the use of photographs and/or videos of my child to be posted on St. Mary's website. NO, photographs and/or videos of my child may NOT be posted on St. Mary's website.						
YES, I authorize the use of photographs and/or videos of my child on St. Mary's Facebook page. NO, photographs and/or videos of my child may NOT be posted on St. Mary's Facebook page.						
I understand that there will be no identifying information (e.g., name, age, etc.) included in these publications.						
PARENT/GUARDIAN SIGNATURE						
Signature Date						

ST. MARY CHURCH (OLPH), ALBANY, OR EMERGENCY INFORMATION FORM FOR STUDENT/YOUTH

Child's name	Date o	f birth	Grade level			
Address	City	State _	Zip			
Parent(s)/Guardian(s)		Phone	2			
Person with whom child is living						
Church/School requesting form	St. Mary's Church, Our Lady of Perpetual Help, Albany, OR					
Person(s) to notify in case of an emer	rgency:					
Name	Phone1	2_				
Name	Phone1	2_				
Name	Phone1	2_				
Family physician		Ph	one			
Last tetanus immunization or booster	Date					
Allergies (food, drugs, insects, etc.)						
Is child presently on any medications?	Yes No	If yes, please state below	:			
NameDosage	Reaso	on for medication				
Prescribing physician		Phone				
Please note any injuries, recent surge health problem or other issues require appropriate care for your child. Insurance information:						
Name of medical insurance company						
Group or identification number						
I authorize the Church/School and it and procedures for my child. I also un obligation for expenses incurred in ca	s representatives to nderstand and agr	to use their judgment in oree that the Church/Scho	determining emergency care ool assume no financial			
Parent/Guardian Signature		Date				

PLEASE UPDATE THIS INFORMATION ANNUALLY AND RETAIN IN STUDENT/YOUTH FILE